FEC FORM 3X	AN	ID DISE	OF REC BURSEI An Authoria		ee		Office Use Only	
1. NAME OF COMMITTEE (in f		FEC MAILING		Example:If typing over the lines	, type			
			(HUPAC)					· · · · · ·
ADDRESS (number and	street)	. O. Box 7135						
Check if differ than previousl reported. (AC	У . W	/ashington					20044	7135
2. FEC IDENTIFICAT	ION NUMBER	¥	CITY 🛋		ę	STATE	ZIPCOI	DE 萬
C00283135	• • • •		3. IS THI REPO		NEW N) OR	X A (A	MENDED	
4. TYPE OF REPO (Choose One) (a) Quarterly Rep April 15 Quarterly		(b) Monthly Report Due On:	Feb 20 (1 Mar 20 (1 Apr 20 (1	ИЗ)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Ser	220 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July 15 Quarterly October Quarterly January	r Report(Q2) 15 r Report(Q3)	(c) 12-Day PRE-E Report		Primary (12F		General		Runoff (12R)
Year Onl	on-election		Election for the:	General (300	ā)	Runoff (30R) in the State c	Special (30S) f
5. Covering Period	09	15	2005	through	12	31	2005	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Wade S. Williams								
Signature of Treasurer Electronically Filed by Wade S. Williams Date 04 01 2006								
NOTE : Submission of	alse, erroneous	s, or incomplete	information may	subject the pers	on signing this	s Report to the	e penalties of 2 U.S	S.C 437g.
Office Use Only							FEC FOR (Rev. 02/20	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

F	eport Covering the Period: From: 09	15 ^y ^y ^w ^y 2005	To:
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 ^Y 2005 ^Y ^Y		31016.61
	(b) Cash on Hand at Begining of Reporting Period	17932.66]
	(c) Total Receipts (from Line 19)	61493.34	231406.54
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	79426.00	262423.15
7.	Total Disbursements (from Line 31)	47474.56	230471.71
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31951.44	31951.44
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3 Write or Type Committee Name National Association of Health Underwriters PAC (HUPAC) ^м 9 ^D 1^D 5 2005[°] ^м 1 2 ^D 3^D 1 Y To: Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: Individuals/D ~

 $\overset{\scriptscriptstyle Y}{2} \overset{\scriptscriptstyle Y}{0} \overset{\scriptscriptstyle Y}{0} \overset{\scriptscriptstyle Y}{5}$

	(a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	37778.00	114980.00
	(ii) Unitemized	23562.09	116273.29
	(iii) TOTAL (add Lines 11(a)(i) and (ii) 🅨	61340.09	231253.29
	(b) Political Party Committees	0.00	0.00
	 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	61340.09	231253.29
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
14. 15.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
10.	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	153.25	153.25
18.			
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	61493.34	231406.54
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	61493.34	231406.54

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)	COLUMN A	Page 4
II. DISBURSEMENTS	Total This Period	Colomin B Calendar Year-to-Date
1. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
Expenditures	11564.56	33811.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) >	11564.56	33811.71
2. Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	35500.00	194750.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))		0.00
(use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
8. Refunds of Contributions To: (a) Individuals/Persons Other	10.00	10.00
Than Political Committees	10.00	10.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	10.00	10.00
(add Lines 28(a), (b), and (c)) 🕨	10.00	10.00
9. Other Disbursements	400.00	1900.00
 Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
 Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) 	47474.56	230471.71
 Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) 		
from Line 31)	47474.56	230471.71

DETAILED SUMMARY PAGE

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	61340.09	231253.29
34.	Total Contribution Refunds (from Line 28(d))	10.00	10.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	61330.09	231243.29
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	11564.56	33811.71
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	11564.56	33811.71

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 226 (check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
Ar	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions			
	for commercial purposes, other than using the r						
	NAME OF COMMITTEE (In Full) National Association of Health Underwr	itors PAC (
\angle							
Α.	Full Name (Last, First, Middle Initial) KATHRYN Kathryn ANDERSON			Date of Receipt			
	Mailing Address P. O. Box 7648			M M / D D / Y Y Y Y 09 15 2005			
	City	State	Zip Code	Transaction ID: 10504881			
	Tyler	ТХ	75711-7648	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer Strategies In Employee Be-	Occupation					
	nefits Inc.	Insurance	•				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1			
	Other (specify)	0 0	270.00				
в.	Full Name (Last, First, Middle Initial) KATHY M. RAINWATER			Date of Receipt			
	Mailing Address 515 West Southwest Lo	M M / D D / Y Y Y Y 09 15 2005					
	City	State	Zip Code	Transaction ID: 10504886			
	Tyler	ТХ	75701-9455	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer Threlkeld & Company Insur-	Occupation	ⁿ e Vice President				
	ance Receipt For:		e Year-to-Date V				
	Primary General		620.00	1			
	Other (specify)	0 0					
<u>с.</u>	Full Name (Last, First, Middle Initial) RONALD S. BUFFUM			Date of Receipt			
0.	Mailing Address 1000 Heritage Center C	ircle		M M / D D / Y Y Y Y			
	City	State	Zip Code	09 22 2005			
	Round Rock	TX	78664-4463	Transaction ID: 10504891 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer The Buffum Group	Occupation Insurance					
	Receipt For:		e Year-to-Date V				
	Primary General Other (specify) ▼		380.00]			
				60.00			
	UBTOTAL of Receipts This Page (optional)						
т	OTAL This Period (last page this line number o	nly)					

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 226 (check only one) 11a X 11a 11b 13 14 15 16 17		
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC)						
Α.	Full Name (Last, First, Middle Initial) KENNETH L. SCHMIDT			Date of Receipt		
	Mailing Address 1332 Hunters Hollow Co	ourt		09 22 2005		
	City Eureka	State MO	Zip Code 63025-1051	Transaction ID: 10504896		
	FEC ID number of contributing federal political committee.	C	63023-1031	Amount of Each Receipt this Period		
	Name of Employer MSM&F		Consultant			
	Receipt For: Primary General Other (specify) \bigtriangledown	Aggregate	e Year-to-Date ▼ 520.00]		
в.	Full Name (Last, First, Middle Initial) WILLIAM D ROBINSON			Date of Receipt		
	Mailing Address 739 East Jackson Stree	M M / D D / Y Y Y Y 09 26 2005				
	City Martinsville	State IN	Zip Code 46151-2033	Transaction ID: 10504903		
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
	Name of Employer American Community Mutual Insurance	Occupation Insurance	e Agent			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00]		
<u>с.</u>	Full Name (Last, First, Middle Initial) SUZY E. ALBERTS			Date of Receipt		
	Mailing Address 22101 Michigan Avenue)		0 9 27 2005		
	City Dearborn	State MI	Zip Code 48124-2204	Transaction ID: 10518756		
	FEC ID number of contributing federal political committee.	C	48124-2204	Amount of Each Receipt this Period		
	Name of Employer Comerica Insurance Servic- es	Occupation Insurance	e Agent			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 230.00]		
s	JBTOTAL of Receipts This Page (optional)		······	270.00		

TOTAL This Period (last page this line number only)

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	SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 226 (check only one)			
Arry Information copied from such Reports and Statements may not be sold or used by any post for the purpose of soliciting contributions from such committee. NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle initia) A. Crintacher W. Holesogra Maling Address 5525 Parkcenter Circle City State Dublin OH Maling Address 5525 Parkcenter Circle City State Dublin OH Primary General Other (specify) ♥ State Full Name (Last, First, Middle Initia) Occupation Insurance Agent Insurance Agent Receipt For: PO Box 345 P O Box 345 PO Box 345 Full Name (Last, First, Middle Initia) Date of Receipt B: HelLinA KACZMAREK Date of Receipt Maing Address PO Box 345 P O Box 345 PO Box 345 P O Box 345 Date of Receipt B: HelLinA KACZMAREK Date of Receipt Maing Address PO, Box 12042 City State Zp Code Re	IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page				
or for commercial purposes, other than using the name and address of any political committee to solid contributions from such committee. NAME OF COMMITTEE (in Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) A. Christopher Wirkelerge Mailing Address 5525 Parkcenter Circle City State Dublin OH 43017.3584 FEC ID number of contributing federal political committee. Other (specify) ₹ Mailing Address Poline (specify) ₹ General Other (specify) ₹ State Zip Code Mailing Address PO Box 345 PO Box 345 City State City State Po Box 345 <				,,,,,	13 14 15 16 17			
National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) A. Christopher W. Heberger Mailing Address 5525 Parkcenter Circle City State Zip Code Dublin OH 43017-3584 FEC ID number of contributing federal political committee. Occupation Name of Employer Nationwole Health Nunde (Last, First, Middle Initial) Date of Receipt B. Full Name (Last, First, Middle Initial) Aggregate Var-to-Date ▼ B. Full Name (Last, First, Middle Initial) Date of Receipt B. Full Name (Last, First, Middle Initial) Date of Receipt B. Full Name (Last, First, Middle Initial) Date of Receipt B. Full Name (Last, First, Middle Initial) Date of Receipt B. Full Name (Last, First, Middle Initial) Date of Receipt B. Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address P O Box 345 City State Zip Code Name of Employer Macmark Middle Initial) Date of Receipt Name of Employer Macmark Middle Initial) Date of Receipt Name of Employer Other (specify) ▼ Occupation Insurance Agenti Insurance Agenti Insurance Agenti Insurance Agenti Insurance A	Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
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Dublin OH 43017-3584 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 350.00 Name of Employer Nationwide Health Plans C 350.00 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt B. THELMA KACZMAREK Date of Receipt Mailing Address PO Box 345 C P O Box 345 C Transaction ID: 10518736 Receipt For: P C ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Name of Employer Maximum (Last, First, Middle Initial) C Aggregate Year-to-Date ▼ Name of Employer Maximum (Last, First, Middle Initial) C Aggregate Year-to-Date ▼ C Lou Anne atcher Aggregate Year-to-Date ▼ Date of Receipt Mailing Address P.O. Box 12042 Transaction ID: 10518763 C Lou Anne Racher Aggregate Year-to-Date ▼ Transaction ID: 10518763 Mailing Address P.O. Box 12042 Transaction ID: 10518763 C Lou Ann Racher OH 42212-0042 Transaction ID: 10518763 Mount of Each Receipt For: Primary General Of 42212-0042 Trans					09 27 2005			
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Nationvide Heath Plans Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Pull Name (Last, First, Middle Initial) Date of Receipt B. THELMA KACZMAREK Mailing Address PO Box 345 PO Box 345 Date of Receipt Mailing Address PO Box 345 PO Box 345 City State Zip Code Ravenna OH 44266-1684 Amount of Each Receipt FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Name of Employer Maczmarek Ins: Services Ageroy, Inc. Occupation Insurance Agent Aggregate Year-to-Date ▼ Date of Receipt C Insurance Agent Aggregate Year-to-Date ▼ Insurance Agent Aggregate Year-to-Date ▼ Date of Receipt Mailing Address P.O. Box 12042 City State Zip Code C Ity State Zip Code Transaction ID: 10518763 Amount of Each Receipt Ibit Period C Insurance Agent Mailing Address P.O. Box 12042 Transaction ID: 10518763 C Ibit Mame (Last, First, Middle Initial) C Insurance Agent Mailing Address P.O. Box 12042 Transaction ID: 10518763 C Ibit Mame of Employer Onitio AH Aggregate Year-to-Da			C		350.00			
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☐ Other (specify) ▼ 350.00 B. Full Name (Last, First, Middle Initial) B. THELMA KACZMAREK Mailing Address PO Box 345 P O Box 345 Date of Receipt City State Zip Code Ravenna OH 44266-1684 FEC ID number of contributing C Transaction ID: 10518736 Amount of Ecologyer Coccupation Insurance Agent Ageregate Year-to-Date Transaction ID: 10518763 Amount of Ecologyer Mailing Address P.O. Box 12042 Date of Receipt C. Lud Am Racher Date of Receipt Mailing Address P.O. Box 12042 Transaction ID: 10518763 C. Lud Am Racher Date of Receipt Mailing Address P.O. Box 12042 Transaction ID: 10518763 City State Zip Code Transaction ID: 10518763 Clumbus OH 43212-0042 Transaction ID: 10518763 FEC ID number of contributing C Insurance Agent Amount of Each Receipt Tis Period Receipt For: Aggregate Year-to-Date ▼ 250.00 250.00 250.00		Receipt For:	-	•	_			
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P O Box 345 09 27 2005 City State Zip Code Transaction ID: 10518736 Ravenna OH 44266-1684 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 50.00 Name of Employer Kazzmark Ins. Services Agency Inc. Occupation Insurance Agent Aggregate Year-to-Date ▼ Primary General 01130.00 1130.00 FUI Name (Last, First, Middle Initial) C Lou Ann Racher Date of Receipt Mailing Address P.O. Box 12042 Transaction ID: 10518763 Amount of Each Receipt this Period City State Zip Code C Transaction ID: 10518763 Columbus OH 43212-0042 Transaction ID: 10518763 Amount of Each Receipt this Period 250.00 250.00 Name of Employer Occupation Insurance Agent Aggregate Year-to-Date ▼ Name of Employer Occupation Insurance Agent Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 450.00	В.				Date of Receipt			
Ravenna OH 44266-1684 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 50.00 Name of Employer Kazzmarek ins. Services Agency Inc. Occupation Insurance Agent Aggregate Year-to-Date ▼ Primary General 01130.00 Date of Receipt C 1130.00 Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Mount of Each Receipt C Lou Ann Racher Date of Receipt Mailing Address P.O. Box 12042 Mount of Each Receipt this Period City State Zip Code Columbus OH 43212-0042 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation Name of Employer Occupation Name of Employer Occupation Noho AHU Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00		-						
FEC ID number of contributing federal political committee. C 50.00 Name of Employer Kaczmarek Ins. Services Agency Inc. Occupation Insurance Agent Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1130.00 Date of Receipt C. Lou Ann Racher Mailing Address P.O. Box 12042 Date of Receipt City State Zip Code Tansaction ID: 10518763 Columbus OH 43212-0042 Tansaction ID: 10518763 FEC ID number of contributing federal political committee. C 250.00 Name of Employer Ohe (specify) ▼ Occupation Insurance Agent Aggregate Year-to-Date ▼ Name of Employer Ohe (specify) ▼ Occupation Insurance Agent Aggregate Year-to-Date ▼ Name of Employer Ohe (specify) ▼ Occupation Insurance Agent Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 50.00		City		Zip Code	Transaction ID: 10518736			
federal political committee. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <t< th=""><th></th><th>Ravenna</th><th>OH</th><th>44266-1684</th><th>Amount of Each Receipt this Period</th></t<>		Ravenna	OH	44266-1684	Amount of Each Receipt this Period			
Kaczmarek Ins: Services Insurance Agent Agercy Inc. Receipt For: Primary General Other (specify) ▼ 1130.00 C. Lou Ann Racher Mailing Address P.O. Box 12042 City State Zip Code Columbus OH 43212-0042 FEC ID number of contributing federal political committee. C Name of Employer Occupation Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ C			C		50.00			
Agency Inc. Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ I130.00 C Lou Ann Racher Mailing Address P.O. Box 12042 City State Zip Code Columbus OH 43212-0042 FEC ID number of contributing rederal political committee. C Name of Employer Occupation Other (specify) ▼ Insurance Agent Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Occupation Insurance Agent Aggregate Year-to-Date Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00		Name of Employer Kaczmarek Ins. Services	· ·					
Primary General Other (specify) 1130.00 Full Name (Last, First, Middle Initial) Date of Receipt Lou Ann Racher Date of Receipt Mailing Address P.O. Box 12042 City State Zip Code Columbus OH 43212-0042 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Occupation Insurance Agent Aggregate Year-to-Date ▼ 250.00 Name of Employer Other (specify) ▼ 250.00 50.00		Agency Inc.	-	•				
Other (specify) ▼ 1130.00 C. Full Name (Last, First, Middle Initial) Date of Receipt C. Lou Ann Racher Date of Receipt Mailing Address P.O. Box 12042 Date of Receipt City State Zip Code Columbus OH 43212-0042 FEC ID number of contributing federal political committee. C Name of Employer Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00			Aggregate	e Year-to-Date V				
C. Lou Ann Racher Date of Receipt Mailing Address P.O. Box 12042 City State Zip Code Columbus OH 43212-0042 FEC ID number of contributing federal political committee. C Name of Employer Occupation Ohio AHU Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00			0 0	1130.00				
Mailing Address P.O. Box 12042 City State Zip Code Columbus OH 43212-0042 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period Name of Employer Ohio AHU Occupation Insurance Agent Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00	<u></u>				Date of Receipt			
Columbus OH 43212-0042 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 250.00 Name of Employer Ohio AHU Occupation Insurance Agent 250.00 Receipt For: Aggregate Year-to-Date ▼ 250.00 Primary General 250.00 Other (specify) ▼ 250.00 650.00		Mailing Address P.O. Box 12042						
FEC ID number of contributing federal political committee. C 250.00 Name of Employer Ohio AHU Occupation Insurance Agent 250.00 Receipt For: Aggregate Year-to-Date ▼ 250.00 Primary General 250.00 Other (specify) ▼ 250.00 650.00		City	State	Zip Code	Transaction ID: 10518763			
federal political committee. 230.00 Name of Employer Ohio AHU Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00		Columbus	OH	43212-0042	Amount of Each Receipt this Period			
Receipt For: Primary General Other (specify) ▼ 650.00			C		250.00			
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00		Name of Employer Ohio AHU						
Other (specify) ▼ 250.00		Receipt For:		-				
SUBTOTAL of Receipts This Page (optional)				250.00]			
		INTOTAL of Respire This Ress (astional)			650.00			
TOTAL This Period (last page this line number only)								

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 226		
	EMIZED RECEIPTS		or each category of the	(check only one)		
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$		
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	/ not be sold or used by any perso trass of any political committee to	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)		diess of any political committee to	solicit contributions from such committee.		
	National Association of Health Underwi					
۸.	Full Name (Last, First, Middle Initial) STEVE SELINSKY			Date of Receipt		
	Mailing Address 28588 Northwestern Hi	ghway Suit	e	M M / D D / Y Y Y Y 09 27 2005		
	City	State	Zip Code	Transaction ID: 10518729		
	Southfield	MI	48034-8335	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer PPOM	Occupation Insurance				
	Receipt For:		e Year-to-Date V			
	Primary General			1		
	Other (specify) v	0 0	600.00			
в.	Full Name (Last, First, Middle Initial) DENNY WRIGHT			Date of Receipt		
	Mailing Address 111 East Ludwig Road	09 27 2005				
	City	State	Zip Code	Transaction ID: 10518753		
	Fort Wayne	IN	46825-4240	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer IntraHealth Solutions In- c.	Occupation Presiden		_		
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼	0 0	770.00]		
	Full Name (Last, First, Middle Initial) SUE Sue BISBEE			Date of Receipt		
•	Mailing Address 15 East Washington St	reet		0 9 2 7 2 0 0 5		
	City	State	Zip Code	Transaction ID: 10518768		
	Coldwater	MI	49036-1981	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer InfiniSource Inc.	Occupation Regional	n Sales Manager			
	Receipt For:	<u> </u>	e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	210.00]		
				150.00		
	UBTOTAL of Receipts This Page (optional)					
т	OTAL This Period (last page this line number of	only)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwriters PAC (HUPAC)						
Α.	Full Name (Last, First, Middle Initial) MICHAEL A EMBRY, SR			Date of Receipt			
	Mailing Address 20700 Civic Center Driv	09 / 27 / Y Y Y 2005					
	City Southfield	State MI	Zip Code 48076-4133	Transaction ID: 10518734 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer Comerica Insurance Servic- es Inc.	Occupatio VP - Gro	n up Benefits Division				
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 210.00]			
в.	Full Name (Last, First, Middle Initial) LAWRENCE KACZMAREK			Date of Receipt			
	Mailing Address 6711 Berry Rd	M M / D D / Y Y Y Y 09 27 2005					
	City	State	Zip Code	Transaction ID: 10518728			
	Ravenna	OH	44266-1684	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer Kaczmarek Insurance Servi- ces Inc.	Occupatio Insuranc					
	Receipt For:	-	e Year-to-Date V				
	Primary General Other (specify) ♥	U U U	970.00]			
<u></u>	Full Name (Last, First, Middle Initial) John P. May			Date of Receipt			
	Mailing Address 100 East Campus View	Blvd Suite	93				
	City	State	Zip Code	Transaction ID: 10518764			
	Columbus FEC ID number of contributing federal political committee.	OH C	43235	Amount of Each Receipt this Period			
	Name of Employer May Insurance Services Inc.	Occupatio Insuranc					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 600.00]			
s	UBTOTAL of Receipts This Page (optional)			200.00			
				-			

TOTAL This Period (last page this line number only)

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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	ntomonto mo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 226 (check only one)
or	for commercial purposes, other than using the n	name and add	dress of any political committee to	a solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) TERRI D ADAMS			Date of Receipt
	Mailing Address PO Box 1290			09 30 Y Y Y Y 2005
	City	State	Zip Code	Transaction ID: 10504908
	Prairieville	LA	70769-1290	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Benefit Strategies	Occupatio		
	Receipt For:	Insuranc Aggregate	e Agent e Year-to-Date V	_
	Primary General Other (specify) ▼		360.00]
в.	Full Name (Last, First, Middle Initial) KEERRY D ALDRIDGE			Date of Receipt
	Mailing Address 1501 N. Limestone, Suit	te 100		09 30 Y Y Y Y 09 30 2005
	City	State	Zip Code	Transaction ID: 10504909
	Lexington	KY	40505-3200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer CKBS Insurance Group	Occupatio Insuranc		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 740.00]
с.	Full Name (Last, First, Middle Initial) David Ayre			Date of Receipt
	Mailing Address 6340 South 3000 East	# 500		M M / D D / Y Y Y Y 09 30 2005
	City Salt Lake City	State UT	Zip Code 84121	Transaction ID: 10504914
	FEC ID number of contributing	C	04121	Amount of Each Receipt this Period 80.00
	federal political committee.			
	Name of Employer Intermountain Financial	Occupatio Insuranc		
	Benefit Receipt For:		e Year-to-Date V	_
	Primary General Other (specify) ▼	0 0	640.00]
s	I UBTOTAL of Receipts This Page (optional)		······	200.00
т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 / 226 (check only one)			
IT	EMIZED RECEIPTS		or each category of the	X 11a $11b$ 11c 12			
			Detailed Summary Page				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
\rangle	National Association of Health Underwr						
Α.	Full Name (Last, First, Middle Initial) THOMAS R BELDING			Date of Receipt			
	Mailing Address 10917 Old River Trail			09 / 30 / Y Y Y Y 2005			
	City	State	Zip Code	Transaction ID: 10504925			
	Edmond	OK	73013-8382	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer Professional Reinsurance	Occupatio					
	Marketing Ser Receipt For:	Presiden	-				
	Primary General	Ayyreyait	e Year-to-Date ▼				
	Other (specify)	0 0	280.00				
в.	Full Name (Last, First, Middle Initial) BRUCE D BENTON			Date of Receipt			
	Mailing Address 19528 Ventura Bouleva	09 / D D / Y Y Y Y 30 / 2005					
	City	State	Zip Code	Transaction ID: 10504928			
	Tarzana	CA	91356-2917	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Genesis SmithBenton Insur-	Occupatio					
	ance & Financ	Insuranc	•				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼	0 0	220.00				
с.	Full Name (Last, First, Middle Initial) Andrew F. Biernat			Date of Receipt			
	Mailing Address 41 Notre Dame Lane			0 9 3 0 2 0 0 5			
	City	State	Zip Code	Transaction ID: 10504929			
	Utica	NY	13502	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer Meridian Group Of New Yor- k, Inc.	Occupatio Vice Pres					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼	0 0	720.00]			
s	IUBTOTAL of Receipts This Page (optional)		······	125.00			
	OTAL This Period (last page this line number of		-				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 13 / 226 (check only one)			
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
\sum	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	National Association of Health Underwrit	ters PAC (HUPAC)			
A.	Full Name (Last, First, Middle Initial) Tracy Q Bradford			Date of Receipt		
	Mailing Address 866 Ridgeway Loop Roa	d, Suite 20	00	09 30 Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 10504938		
	Memphis	TN	38120-4000	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		40.00		
	Name of Employer Clay & Land Insurance, In-	Occupation Agent	1			
	c. Receipt For:		e Year-to-Date ▼			
	Primary General Other (specify) ▼		810.00]		
в.	Full Name (Last, First, Middle Initial) Susan E Cook			Date of Receipt		
	Mailing Address 3495 Piedmont Road, NI 9 Piedmont Center	E		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 10504963		
	Atlanta	GA	30305-1773	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer Kaiser Permanente	Occupation Insurance				
	Receipt For:		e Year-to-Date ▼	-		
	Primary General Other (specify) ▼	0 0	485.00]		
<u></u>	Full Name (Last, First, Middle Initial) ROSEMARY DEININGER			Date of Receipt		
	Mailing Address 12801 N. Central Expres	sway Suit	te	M M / D D / Y Y Y Y 09 30 2005		
	City	State	Zip Code	Transaction ID: 10504972		
	Dallas	TX	75243-1741	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer Occu Waldman Brothers Acco		ո Manager			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00]		
s	UBTOTAL of Receipts This Page (optional)			120.00		
т	OTAL This Period (last page this line number on	ly)				

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17					
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC ((HUPAC)						
Α.	Full Name (Last, First, Middle Initial) Stephanie M. Denz			Date of Receipt					
	Mailing Address 9000 Cypress Green Dr	ive Suite 1	10	M M / D D / Y Y Y Y 09 30 2005					
	City Jacksonville	State FL	Zip Code 32256-5508	Transaction ID: 10504974 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		25.00					
	Name of Employer BenefitPort Southeast	-	es Representative						
	Receipt For: Primary General Other (specify) $rightarrow$	Aggregate	e Year-to-Date ▼ 245.00]					
в.	Full Name (Last, First, Middle Initial) SHARON DICORATO			Date of Receipt					
	Mailing Address 801 Pine Street Suite 4	G1		M M / D D / Y Y Y Y 09 30 2005					
	City	State	Zip Code	Transaction ID: 10504977					
	Chattanooga	TN	37402-2520	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		10.00					
	Name of Employer Blue Cross Blue Shield of TN	Occupatio Manager	n , Individual Sales						
	Receipt For:	Aggregate	e Year-to-Date 🔻	_					
	Primary General Other (specify) ▼	0 0	270.00						
с.	Full Name (Last, First, Middle Initial) JEFF GENNARO			Date of Receipt					
	Mailing Address PO Box 10315			M M / D D / Y Y Y Y 09 30 2005					
	City	State	Zip Code	Transaction ID: 10505005					
	Phoenix	AZ	85064-0315	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		20.00					
	Name of Employer Capitol Insurance Brokers Inc.	Occupatio Insuranc							
	Receipt For:	Aggregate	e Year-to-Date V						
	Primary General Other (specify) ▼	0 0	230.00]					
s	LUBTOTAL of Receipts This Page (optional)			55.00					

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 15 / 226 (check only one) X 11a 11b 11c 12
			Detailed Summary Page	
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwrit	ters PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) GERARD GERSHONOWITZ			Date of Receipt
	Mailing Address 980 Broadway Suite 608	3		09 30 YYYY 02005
	City	State	Zip Code	Transaction ID: 10505006
	Thornwood	NY	10594-1313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Morrell Consulting Group	Occupation		
	Inc.	Insurance	<u> </u>	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	0 0	620.00	
В.	Full Name (Last, First, Middle Initial) CAROLYN L GOODWIN			Date of Receipt
	Mailing Address 4959 Mill Run Rd.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10505009
	Dalls	TX	75244-6004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer CBIZ Benefits & Insurance	Occupation		
	Services Receipt For:	Insurance	e Agent e Year-to-Date V	_
	Primary General	Aggregate		1
	Other (specify)	0 0	265.00	
С.	Full Name (Last, First, Middle Initial) STEPHEN A GRIM			Date of Receipt
	Mailing Address P O Box 1105			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10505014
	Virginia Beach	VA	23451-0105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Mid-Atlantic Agency Inc.	Occupation President		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 640.00]
s	UBTOTAL of Receipts This Page (optional)		•••••	180.00
Т	OTAL This Period (last page this line number on	ly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements mail ame and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
\mathbb{Z}	National Association of Health Underwri	_						
Α.	Full Name (Last, First, Middle Initial) CRISTY RUSSELL GUPTO			Date of Receipt				
	Mailing Address 357 Sanford Drive			09 / 0 · · · · · · · · · · · · · · · · · ·				
	City	State	Zip Code	Transaction ID: 10505017				
	Morganton	NC	28655	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer Flexible Benefit Manageme-	Occupatio	n					
	nt	Insuranc						
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-				
	Other (specify)	0 0	420.00]				
в.	Full Name (Last, First, Middle Initial) Christopher S. Harrison			Date of Receipt				
	Mailing Address 921-C South McPherson	n Church F	load	09 30 2005				
	City	State	Zip Code	Transaction ID: 10505026				
	Fayetteville	NC	28303-5368	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer Ebenconcepts Company	Occupatio Insuranc		_				
	Receipt For:		e Year-to-Date ▼					
	Primary General Other (specify) The second seco		960.00]				
<u>с.</u>	Full Name (Last, First, Middle Initial) THOMAS M HARTE			Date of Receipt				
	Mailing Address 20 Mary E. Clark Drive #	#10		M M / D D / Y Y Y Y 09 30 2005				
	City	State	Zip Code	Transaction ID: 10505027				
	Hampstead	NH	03841-2292	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			80.00				
	Name of Employer Landmark Benefits Inc.	Occupatio Insuranc						
			e Year-to-Date V					
	Primary General Other (specify) ▼	0 0	820.00]				
s	UBTOTAL of Receipts This Page (optional)			230.00				
⊢	TOTAL This Period (last page this line number only)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 226 (check only one)
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	∟ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\mathbb{N}	NAME OF COMMITTEE (In Full) National Association of Health Underwri	ters PAC (HUPAC)	
Ľ	Full Name (Last, First, Middle Initial)			
Α.	JON W HICKS			Date of Receipt
		-		09 / 30 / Y Y Y Y 2005
	City Colorado Springs	State CO	Zip Code 80918	Transaction ID: 10505037
	FEC ID number of contributing federal political committee.	C	0010	Amount of Each Receipt this Period
	Name of Employer Hicks Benefit Group	Occupation Insurance		-
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	1
В.	Full Name (Last, First, Middle Initial) JON W HICKS	0 0		Date of Receipt
	Mailing Address 3620 Mountainside Drive	9		M M / D D / Y Y Y Y 09 / 30 / 2005
	City	State	Zip Code	Transaction ID: 10505039
	Colorado Springs	CO	80918	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Hicks Benefit Group	Occupation Insurance		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 270.00]
<u> </u>	Full Name (Last, First, Middle Initial) Gloria D. Hopper			Date of Receipt
	Mailing Address 6400 Fairview Road			0 9 3 0 2 0 0 5
	City Charlotte	State NC	Zip Code 28210-3237	Transaction ID: 10505049
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 40.00
	Name of Employer Wachovia Insurance Servic- es Inc. Receipt For: Primary General Other (specify)	Occupation Insurance Aggregate		1
	UBTOTAL of Receipts This Page (optional)			-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 226 (check only one) I1a X 11a I1a I1b I1a I1c I2
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	r not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	National Association of Health Underwrit	ers PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) RANDY JOPPIE			Date of Receipt
	Mailing Address Collins and Associates 5075 Cascade Road SE			09 / 0 0 / Y Y Y Y 09 / 30 / 2005
	City	State	Zip Code	Transaction ID: 10505060
	Belding	MI	48809	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Collins & Associates Corp-	Occupation		
	oration		of Employee Benefits	
	Receipt For: Primary General	Aggregale	Year-to-Date ▼	1
	Other (specify)	0 0	940.00	
в.	Full Name (Last, First, Middle Initial) MARK KENNEDY			Date of Receipt
	Mailing Address 1173 Brittmoore Road			M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y <
	City	State	Zip Code	Transaction ID: 10505067
	Houston	TX	77043-5003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Benefit Concepts Inc.	Occupation Insurance		
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼	0 0	720.00]
 C.	Full Name (Last, First, Middle Initial) ROSS W KRAFT			Date of Receipt
	Mailing Address 41 Notre Dame Lane			M M / D D / Y Y Y Y 09 30 2005
	City	State	Zip Code	Transaction ID: 10505076
	Utica	NY	13502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Occupati Meridian Group of New Yor- k. Inc. Preside			
	Receipt For: Primary General	Aggregate	Year-to-Date	1
	Other (specify)	720.00		
s	UBTOTAL of Receipts This Page (optional)			260.00
Т	OTAL This Period (last page this line number on	ly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 19/226 (check only one)
—			Detailed Summary Page	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underw	riters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) RONALD M LEVINE			Date of Receipt
	Mailing Address 4037 Jordan Lake Plac	е		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10505088
	Marietta	GA	33602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer ARINSO International	Occupatio Vice Pres	n sident of Sales, SE	
	Receipt For:	_	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		280.00	
	Full Name (Last, First, Middle Initial)			
В.	CHERYL LOMBARDI			Date of Receipt
	Mailing Address 1331 North California E	Blvd, Ste 30		M · M / D · D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10505093
	Walnut Creek	CA	94596-4536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Claremont Insurance Servi- ces	Occupatio Insuranc		
	Receipt For:	-	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		740.00	1
	Full Name (Last, First, Middle Initial)			
C.	JUAN LOPEZ			Date of Receipt
	Mailing Address 200 N. Lewis Street			M M / D D / Y Y Y Y 09 30 2005
	City	State	Zip Code	Transaction ID: 10505094
	Orange	CA	92868-1538	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kaiser Permanente	Occupatio Manager		
	Receipt For:	· ·	e Year-to-Date 🔻	-
	Primary General Other (specify) ▼	0 0	270.00]
s	UBTOTAL of Receipts This Page (optional)			140.00
	OTAL This Period (last page this line number of		•	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 226 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	\overline{X} 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\left[\right]$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwri			
Α.	Full Name (Last, First, Middle Initial) MAURICE LYONS			Date of Receipt
	Mailing Address 301 Madison Avenue 4t	h Floor		M M / D D / Y Y Y Y 09 / 30 / 2005
	City	State	Zip Code	Transaction ID: 10505096
	New York	NY	10017-8103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		80.00
	Name of Employer The Medical Link Inc.	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		500.00]
В.	Full Name (Last, First, Middle Initial) LINDA MACKEY			Date of Receipt
	Mailing Address PO Box 1001			M M / D D / Y Y Y Y 09 30 2005
	City	State	Zip Code	Transaction ID: 10505098
	Tyrone	GA	30290-1001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Linda Mackey Insurance Inc	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		280.00]
 C.	Full Name (Last, First, Middle Initial) DALE W MALONEY			Date of Receipt
	Mailing Address 125 South Swoope Aver	nue Suite 2	210	M M / D D / Y Y Y Y 09 30 2005
	City	State	Zip Code	Transaction ID: 10505102
	Maitland	FL	32751-5784	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Benefits Division Inc.	Occupation Insurance		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	0 0	960.00	
s	UBTOTAL of Receipts This Page (optional)			190.00
Т	OTAL This Period (last page this line number or	וע)	· · · · · · · · · · · · · · · · · · ·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri	ters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) CAROLYNNE MULDOON			Date of Receipt
	Mailing Address 457 Main Street			M M M / D D / Y Y Y Y Y 09 30 2005
	City	State	Zip Code	Transaction ID: 10505121
	Longmont	CO	80501-5534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Milestone Insurance Agency	Occupation Owner	n	_
	Receipt For:		e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	220.00]
в.	Full Name (Last, First, Middle Initial) Kirby V. Nielsen			Date of Receipt
	Mailing Address 7100 N. High St. #209			M · M / D · D / Y · Y · Y · Y Y Y · Y · Y · Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10505130
	Worthington	OH	43085-2316	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Nielsen Insurance Agency Inc.	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Other (specify)	0 0	260.00]
 C.	Full Name (Last, First, Middle Initial) SUSAN MALEY RASH			Date of Receipt
	Mailing Address 2108 West Laburnum Av	venue Sui	ite 3	M M / D D / Y Y Y Y 09 30 2005
	City	State	Zip Code	Transaction ID: 10505168
	Richmond	VA	23227-4300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer BB&T Benefit Consultants of Virginia	Occupation		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	850.00]
s	UBTOTAL of Receipts This Page (optional)			100.00
т	OTAL This Period (last page this line number or	ıly)		

50	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 / 226
	· · · ·		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	13 14 15 16 1' n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\mathbf{\nabla}}$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwri	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) ALINE ROBERTS			Date of Receipt
	Mailing Address 3537 Old Conejo Rd., Si	te. 114		09 / D D / Y Y Y Y 09 30 2005
	City	State	Zip Code	Transaction ID: 10505179
	Newbury Park	CA	91320-6189	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer Insurance Dimensions	Occupatio		7
	Receipt For:	Insurance	e Agent e Year-to-Date V	_
	Primary General	riggrogaio		
	Other (specify)	0 0	865.00	
в.	Full Name (Last, First, Middle Initial) WILLIAM D ROBINSON			Date of Receipt
	Mailing Address 739 East Jackson Street	M M / D D / Y Y Y Y 09 30 2005		
	City	State	Zip Code	Transaction ID: 10505181
	Martinsville	IN	46151-2033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Community Mutual	Occupatio	n	-
	Insurance	Insuranc	•	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	260.00	
<u> </u>	Full Name (Last, First, Middle Initial) MEL A SCHLESINGER			Date of Receipt
-	Mailing Address PO Box 30100			M M / D D / Y Y Y Y 09 30 2005
	City	State	Zip Code	Transaction ID: 10505189
	Winston Salem	NC	27130-0100	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		85.00
	Name of Employer The Rainmakers Group Inc.	Occupation Insurance		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		490.00	
•	UBTOTAL of Receipts This Page (optional)			190.00
F			P	

TOTAL This Period (last page this line number only)

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 23 / 226 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwri	ters PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) JAMES D SCHULZ			Date of Receipt
	Mailing Address 7101 S. 82nd St.			09 / 0 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10505191
	Lincoln	NE	68516-6574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Midlands Financial Benefi-	Occupation		
	ts	Insurance	•	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)	0 0	720.00	
в.	Full Name (Last, First, Middle Initial) Bob G Shupe			Date of Receipt
	Mailing Address PO Box 2344			M M / D D / Y Y Y Y 09 / 30 / 2005
	City	State	Zip Code	Transaction ID: 10505196
	Brentwood	TN	37024-2344	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer ESP Inc	Occupation Insurance		
	Receipt For:		Year-to-Date V	
	Primary General		380.00	1
	Other (specify)		380.00	
C.	Full Name (Last, First, Middle Initial) ANNE P SPERLING			Date of Receipt
	Mailing Address 25 Antigua Road			M M / D D / Y Y Y Y 09 30 2005
	City	State	Zip Code	Transaction ID: 10505208
	Santa Fe	NM	87508-2201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Receipt For: Aggrega		n e Benefits Manager	
			Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	490.00]
s	UBTOTAL of Receipts This Page (optional)			150.00
Т	OTAL This Period (last page this line number or	ıly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 226 (check only one)			
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Suffillary Fage	13 14 15 16 17			
An or	y information copied from such Reports and St for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)						
\geq	National Association of Health Underw						
Α.	Full Name (Last, First, Middle Initial) CAROL STEELE			Date of Receipt			
	Mailing Address 1000 South Cleveland-	Massillon R	ld	09 30 YYYY 2005			
	City	State	Zip Code	Transaction ID: 10505211			
	Akron	OH	44333-9204	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer Benefit Designs Inc.	Occupatio					
		Insuranc	0				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1			
	Other (specify)	0 0	380.00				
В.	Full Name (Last, First, Middle Initial) Burley W. Strader			Date of Receipt			
	Mailing Address 165 Kimel Park Drive 2 P.O. Box 24042	7103		09 / 0 0 / Y Y Y Y 09 / 30 / 2005			
	City		Zip Code	Transaction ID: 10505216			
	Winston Salem	NC	27114-4042	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		85.00			
	Name of Employer MedCost Benefit Services LLC	Occupatio Senior S	n ales Consultant	-			
	Receipt For:		e Year-to-Date 🔻	_			
	Primary General		520.00	1			
	Other (specify) 🔻	0 0					
c.	Full Name (Last, First, Middle Initial) JAMES F. SUMMERS			Date of Receipt			
	Mailing Address 15316 Pine			M M / D D / Y Y Y Y 09 30 2005			
	City	State	Zip Code	Transaction ID: 10505220			
	<u>Omaha</u>	NE	48144	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Senior Market Sales Inc.	Occupatio Insuranc					
	Receipt For:	Aggregate	e Year-to-Date V				
	Primary General Other (specify) ▼	0 0	940.00]			
s	UBTOTAL of Receipts This Page (optional)		h	205.00			
	OTAL This Period (last page this line number of						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 25/226		
ITEMIZED RECEIPTS		or each category of the		(check only one)		
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)	Solicit contributions from such committee.				
$\left \right\rangle$	National Association of Health Underwri					
<u>к</u>	Full Name (Last, First, Middle Initial) Donald B. Thompson			Date of Receipt		
	Mailing Address 9700 Ormsby Station Re	d. #200		M M M / D D / Y Y Y Y Y 09 / 30 / 2005		
	City	State	Zip Code	Transaction ID: 10505227		
	Louisville	KY	40223-4207	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		150.00		
	Name of Employer Thompson Associates Inc.	Occupation Insurance		-		
	Receipt For:		e Year-to-Date 🔻	_		
	Primary General Other (specify) ▼	0 0	1350.00]		
в.	Full Name (Last, First, Middle Initial) DANIEL R TOMPKINS, JR			Date of Receipt		
	Mailing Address PO Box 1810			09 / D D / Y Y Y Y 2005		
	City	State	Zip Code	Transaction ID: 10505228		
	Roswell	GA	30077-1810	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer Admin America	Occupation Insurance				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	270.00]		
с.	Full Name (Last, First, Middle Initial) DANIEL R. TOMPKINS, III			Date of Receipt		
	Mailing Address PO Box 1810 800 Old Rosewell Lakes	Pkwy Suit	te	M M / D D / Y Y Y Y 09 / 30 / 2005		
	City	State	Zip Code	Transaction ID: 10505229		
	Roswell	GA	30077-1810	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		40.00		
	Name of Employer Admin America	Occupation Insurance				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 540.00]		
s	UBTOTAL of Receipts This Page (optional)			220.00		
Т	OTAL This Period (last page this line number or	nly)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underw	riters PAC	(HUPAC)				
A.	Full Name (Last, First, Middle Initial) ALBERT J TRAVASOS Mailing Address 2255 Glades Road, Sui	ite 1200		Date of Receipt			
				09 30 2005			
	City Boca Raton	State FL	Zip Code 33431-7379	Transaction ID: 10505231 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		45.00			
	Name of Employer John Hancock	Occupatio Insuranc					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 360.00]			
в.	Full Name (Last, First, Middle Initial) WENDY VANDERWATER			Date of Receipt			
	Mailing Address 515 West Southwest Lo	oop 323		09 30 Y Y Y Y 09 30 2005			
	City	State	Zip Code	Transaction ID: 10505238			
	Tyler FEC ID number of contributing federal political committee.	TX C	75701-9455	Amount of Each Receipt this Period			
	Name of Employer Threlkeld & Company Insur-	Occupatio	n				
	ance Receipt For: Primary General Other (specify) ▼	Insuranc Aggregate	e Agent e Year-to-Date ▼ 220.00]			
	Full Name (Last, First, Middle Initial) PETER VINTON			Date of Receipt			
-	Mailing Address 9480 Deereco Road			M M / D D / Y Y Y Y 09 30 2005			
	City Timonium	State MD	Zip Code 21093-2102	Transaction ID: 10505240 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer Corporate Coverage LLC	Occupatio Insuranc					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 720.00]			
s	UBTOTAL of Receipts This Page (optional)			150.00			
Т	TOTAL This Period (last page this line number only)						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full)			
\geq	National Association of Health Underwri	iters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) M HUGHES WAREN			Date of Receipt
	Mailing Address P.O. Box 7661			09 / 0 0 / Y Y Y Y 09 / 30 / 2005
	City	State	Zip Code	Transaction ID: 10505242
	Wilmington	NC	28406-7661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Ebenconcepts Inc.	Occupatio		
	Receipt For:	Insuranc	e Ageni e Year-to-Date V	_
	Primary General	Ayyreyait	· · · · · · · · · · · · · · · · · · ·	1
	Other (specify)	0 0	400.00	
в.	Full Name (Last, First, Middle Initial) JOHN L WARWICK			Date of Receipt
	Mailing Address PO Box 272 1907 B Mangrove Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City S		Zip Code	Transaction ID: 10505243
	Chico	CA	95927-0272	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer John Warwick Insurance	Occupatio Insuranc		
	Receipt For:		e Year-to-Date V	_
	Primary General		805.00	1
	Other (specify)	0 0	805.00	
c.	Full Name (Last, First, Middle Initial) Richard E. Wheeler			Date of Receipt
	Mailing Address 617 Highway 71 Buildin	ig 2-6		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y <
	City	State	Zip Code	Transaction ID: 10505248
	Brielle	NJ	08730-1838	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Richard E. Wheeler Insura-	Occupatio		
	nce Services	Insuranc	-	
	Receipt For: Age Primary General		e Year-to-Date 🔻	
	Other (specify)	0 0	260.00	
s	UBTOTAL of Receipts This Page (optional)		······	145.00
	OTAL This Period (last page this line number or			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 28 / 226			
		Use separate schedule(s) or each category of the		(check only one)			
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$			
	y information copied from such Reports and Sta for commercial purposes, other than using the r			on for the purpose of soliciting contributions			
$\overline{\mathbf{\nabla}}$	NAME OF COMMITTEE (In Full)						
	National Association of Health Underwr						
<u>۸</u> .	Full Name (Last, First, Middle Initial) DAVID B WILLS			Date of Receipt			
	Mailing Address 902 Brynwood Dr			M M M / D D / Y Y Y Y Y 09 30 2005			
	City	State	Zip Code	Transaction ID: 10505252			
	Chattanooga	TN	37415-3306	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer D. B. Wills & Co.	Occupation President		_			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	270.00]			
в.	Full Name (Last, First, Middle Initial) STEVEN L WILSON			Date of Receipt			
	Mailing Address 1151 Red Mile Road			M M / D D / Y Y Y Y 09 30 2005			
	City	State	Zip Code	Transaction ID: 10505255			
	Lexington	KY	40504-2645	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer Benefit Insurance Marketi- ng	Occupation Insurance					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify)		450.00]			
<u>с.</u>	Full Name (Last, First, Middle Initial) Kelly J. Witt			Date of Receipt			
	Mailing Address 11555 North Meridian S	Street Suite		M M / D D / Y Y Y Y 09 30 2005			
	City	State	Zip Code	Transaction ID: 10505258			
	Carmel	IN	46032-6945	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Sagamore Health Network	Occupation Vice Pres	n sident - Marketing & Sales				
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 225.00]			
s	UBTOTAL of Receipts This Page (optional)			105.00			
T	OTAL This Period (last page this line number o	nly)					

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS any information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) National Association of Health Underwr			
Α.	Full Name (Last, First, Middle Initial) DENNY WRIGHT Mailing Address 111 East Ludwig Road	Suite 108		Date of Receipt
		Suite 100		09 30 2005
	City	State	Zip Code	Transaction ID: 10505263
	Fort Wayne	IN	46825-4240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer IntraHealth Solutions In-	Occupatio		
	c. Receipt For:	Presiden	t e Year-to-Date ▼	
	Primary General	Aggregat		1
	Other (specify)	0 0	780.00	
в.	Full Name (Last, First, Middle Initial) DENNY WRIGHT			Date of Receipt
	Mailing Address 111 East Ludwig Road	Suite 108		09 30 2005
	City	State	Zip Code	Transaction ID: 10505264
	Fort Wayne	IN	46825-4240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer IntraHealth Solutions In-	Occupatio Presiden		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	860.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Robert J Bishop			Date of Receipt
•	Mailing Address 2785 East Desert Inn Re	d. #134		0 9 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 10504930
	Las Vegas	NV	89121-3623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer KIA Insurance	Occupatio Insuranc		_
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 756.00]
s	UBTOTAL of Receipts This Page (optional)			174.00
Т	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 226 (check only one) X 11a 11b 11c 12	
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full) National Association of Health Underwr				
A.	Full Name (Last, First, Middle Initial) WILLIAM J BRANNON		Date of Receipt		
	Mailing Address 7 Terrace Way Suite C			09 / 30 / Y Y Y Y 2005	
	City	State	Zip Code	Transaction ID: 10504939	
	Greensboro FEC ID number of contributing federal political committee.	NC C	27403-3666	Amount of Each Receipt this Period 25.00	
	Name of Employer Group US Inc.	Occupatio Insuranc			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 225.00]	
в.	Full Name (Last, First, Middle Initial) DOROTHY M COCIU			Date of Receipt	
	Mailing Address P.O. Box 1941			09 / D D / Y Y Y Y 09 30 2005	
	City	State	Zip Code	Transaction ID: 10504960	
	Big Bear Lake	CA	92315-1941	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		80.00	
	Name of Employer Advanced Benefit Consulti-	Occupatio Insuranc			
	ng & Insuranc Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 720.00]	
<u>с.</u>	Full Name (Last, First, Middle Initial) CAROL A CUTTER			Date of Receipt	
	Mailing Address 624 Griffin Road Suite	В		09 / D D / Y Y Y Y 30 2005	
	City	State	Zip Code	Transaction ID: 10504967	
	Indianapolis FEC ID number of contributing	IN	46227-8504	Amount of Each Receipt this Period	
	federal political committee.	C		40.00	
	Name of Employer Indiana Dept. of Insurance	Occupatio Insuranc			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 380.00]	
s	UBTOTAL of Receipts This Page (optional)			145.00	
Т	OTAL This Period (last page this line number o	nly)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 31 / 226 (check only one) X 11a 11b 11c 12				
		Detailed Summary Page						
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.						
$\overline{\mathbf{n}}$	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
\rangle	National Association of Health Underwri	iters PAC (HUPAC)					
Α.	Full Name (Last, First, Middle Initial) RUSH DAVID DIXON			Date of Receipt				
	Mailing Address 1375 Piccard Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 10504978				
	Rockville	MD	20850-4311	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer Early Cassidy and Schilli-	Occupation	n nployee Benefits	_				
	ng Receipt For:		e Year-to-Date V	_				
	Other (specify)	1 I 1 I	900.00]				
в.	Full Name (Last, First, Middle Initial) STEVEN H DODDER			Date of Receipt				
	Mailing Address PO Box 2069			M M / D D / Y Y Y Y 09 30 2005				
	City	State	Zip Code	Transaction ID: 10504979				
	Monument	CO	80132-2069	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer Time Insurance/Assurant	Occupation	n Sales Director					
	Health Receipt For:		Year-to-Date ▼	_				
	Primary General Other (specify) ▼		570.00]				
<u> </u>	Full Name (Last, First, Middle Initial) MICHAEL A EMBRY, SR			Date of Receipt				
-	Mailing Address 20700 Civic Center Driv	e Suite 25		M M / D D / Y Y Y Y 09 30 2005				
	City	State	Zip Code	Transaction ID: 10504989				
	Southfield	MI	48076-4133	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		20.00				
	Name of Employer Comerica Insurance Servic- es Inc.	Occupation VP - Gro	n up Benefits Division					
	Receipt For:	Aggregate	e Year-to-Date V					
	Primary General Other (specify) ▼	0 0	230.00]				
s	LUBTOTAL of Receipts This Page (optional)		······	170.00				
Т	TOTAL This Period (last page this line number only)							

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 226
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr			
Α.	Full Name (Last, First, Middle Initial) CHARLES T GARTLAN	Date of Receipt		
	Mailing Address PO Box 1268			09 / D D / Y Y Y Y 30 / 2005
	City	State	Zip Code	Transaction ID: 10505002
	Toms River	NJ	08754-1268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer BenefitPort LLC	Occupation Insurance		
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		410.00]
в.	Full Name (Last, First, Middle Initial) RICHARD R GIRDLER, JR			Date of Receipt
	Mailing Address 113 Seaboard Lane Su	ite C-170		M M / D D / Y Y Y Y 09 30 2005
	City	State	Zip Code	Transaction ID: 10505007
	Franklin	TN	37067-8281	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Cowan Benefit Services Inc.	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		225.00]
<u></u>	Full Name (Last, First, Middle Initial) GERALD G HARTMAN			Date of Receipt
	Mailing Address 1487 S. David Lane PO Box 5716			M M / D D / Y Y Y Y 09 / 30 / 2005
	City	State	Zip Code	Transaction ID: 10505028
	Boise	ID	83705-0716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Incurrence Notwierle America		n e Agent	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 620.00]
s	UBTOTAL of Receipts This Page (optional)			80.00
т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 33 / 226			
ΙТ	EMIZED RECEIPTS		or each category of the	(check only one)			
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$			
	y information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of soliciting contributions					
<u>,</u>	NAME OF COMMITTEE (In Full)						
$\left \right\rangle$	National Association of Health Underwr						
<u>/</u>	Full Name (Last, First, Middle Initial) SHEILA HARTMAN		Date of Receipt				
	Mailing Address 21700 Oxnard St. # 12	70		M M / D D / Y Y Y Y 09 / 30 / 2005			
	City	State	Zip Code	Transaction ID: 10505029			
	Woodland Hills	CA	91367-3669	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Occupat Financial Independence Co- mpany Insurar		n				
			e Agent				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	500.00]			
в.	Full Name (Last, First, Middle Initial) HUGH R HENDRICKSON			Date of Receipt			
	Mailing Address 1019 Pacific Ave. Suite	1110		09 30 Y Y Y Y 09 30 2005			
	City	State	Zip Code	Transaction ID: 10505034			
	Tacoma	WA	98402-4468	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer Strategic Employee Benefit	Occupatio Insuranc					
	Services Receipt For:		e Year-to-Date V				
	Primary General			1			
	Other (specify) 🔻	0 0	210.00				
c.	Full Name (Last, First, Middle Initial) JAIME D HERNANDEZ			Date of Receipt			
	Mailing Address 804 S. Bel Aire Drive			M M / D D / Y Y Y Y 09 30 2005			
	City	State	Zip Code	Transaction ID: 10505036			
	Burbank	CA	91501-1522	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer Jardez Financial & Insura-	Occupatio Insuranc					
			e Year-to-Date V	-			
	Primary General Other (specify) ▼		450.00]			
S	UBTOTAL of Receipts This Page (optional)			170.00			
	OTAL This Period (last page this line number of						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 34 / 226 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Dotailou Outilitiai y Faye	13 14 15 16 17		
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.				
\sum	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	National Association of Health Underwr					
Α.	Full Name (Last, First, Middle Initial) Sheri S Hokin			Date of Receipt		
	Mailing Address 3330 Dundee Road Sui	te C-3		09 / D D / Y Y Y Y 2005		
	City	State	Zip Code	Transaction ID: 10505045		
	Northbrook	IL	60062-2328	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			20.00		
	Name of Employer Hokin Sternberg Insurance	Occupation Insurance				
	Services Receipt For:		e Year-to-Date V	_		
	Primary General		040.00	1		
	Other (specify)	0 0	240.00			
в.	Full Name (Last, First, Middle Initial) DAVID S JOHNSON			Date of Receipt		
	Mailing Address P. O. Box 871129			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 10505058		
	Stone Mountain	GA	30087-0029	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		50.00		
	Name of Employer David S. Johnson Insurance	Occupation Account	n Executive	-		
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General		590.00	1		
	Other (specify) ▼	0 0				
C.	Full Name (Last, First, Middle Initial) SANDRA JOHNSON			Date of Receipt		
	Mailing Address 12500 Network Blvd # 4	403		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 10505057		
	San Antonio	TX	78249-3310	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Hairston Johnson & Assoc-	Occupatio				
	iates PLLC	Insuranc	-			
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	-		
	Other (specify) ▼	0 0	225.00			
•	UBTOTAL of Receipts This Page (optional)			95.00		
	OTAL This Period (last page this line number of					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 226		
IT	EMIZED RECEIPTS		or each category of the	(check only one)		
			Detailed Summary Page	13 14 15 16 17		
	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)					
\rangle	National Association of Health Underwr					
Α.	Full Name (Last, First, Middle Initial) Thomas G Kaufman			Date of Receipt		
	Mailing Address 1903 O'Toole Way			09 / D D / Y Y Y Y 2005		
	City	State	Zip Code	Transaction ID: 10505064		
	San Jose	CA	95125-5107	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		85.00		
	Name of Employer BCI Insurance Services	Occupation Insurance				
	Inc. Receipt For:		e Year-to-Date 🔻			
	Primary General Other (specify) ▼		680.00]		
в.	Full Name (Last, First, Middle Initial) ROBERT M LAY			Date of Receipt		
	Mailing Address 3112 Forest Avenue			09 30 Y Y Y Y Y 2005		
	City	State	Zip Code	Transaction ID: 10505081		
	Fort Worth	ТХ	76112-7002	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Lay & Williams Insurance Services	Occupation Insurance				
	Receipt For:	-	e Year-to-Date ▼	_		
	Primary General Other (specify) ▼	0 0	225.00]		
	Full Name (Last, First, Middle Initial) JESSE A PATTON			Date of Receipt		
	Mailing Address 2175 NW 86th Street S	uite 14		M M / D D / Y Y Y Y 09 30 2005		
	City Des Moines	State IA	Zip Code 50325-5557	Transaction ID: 10505148 Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		225.00		
	Name of Employer Occ Associations Marketing Gr- Oup Inc. CE		sident			
	Receipt For:	Aggregate	e Year-to-Date 🔻	_		
	Other (specify) ▼		2025.00]		
s	LUBTOTAL of Receipts This Page (optional)		······	335.00		
T	OTAL This Period (last page this line number of	nly)	· · · · · · · · · · · · · · · · · · ·			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 226 (check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwo			
Α.	Full Name (Last, First, Middle Initial) JAMES E PRICE, III			Date of Receipt
	Mailing Address 5709 North West Avenu	ue		09 / D D / Y Y Y Y 2005
	City	State	Zip Code	Transaction ID: 10505164
	Fresno	CA	93711-2366	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Occ Price Associates Insurance			
	Services I	Insuranc		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	800.00	
в.	Full Name (Last, First, Middle Initial) JON C RAUSER			Date of Receipt
	Mailing Address 400 East Wisconsin Av	enue # 200	0	09 30 YYYY 2005
	City	State	Zip Code	Transaction ID: 10505169
	Milwaukee	WI	53202-4499	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		170.00
	Name of Employer The Rauser Agency Inc.	Occupatio Insuranc		
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	950.00]
	Full Name (Last, First, Middle Initial) EDWARD ROLING			Date of Receipt
0.	Mailing Address 343 Six Forks Road			
				09 30 2005
	City	State	Zip Code	Transaction ID: 10505183
	Raleigh	NC	27609-7800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Delta Dental of North Car-	Occupatio		_
	olina Inc.	Insuranc	v	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼	0 0	270.00	
s	UBTOTAL of Receipts This Page (optional)		·····	300.00
	OTAL This Period (last page this line number of		-	
IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and ad	dress of any political committee to	solicit contributions from such committee.
$\overline{\mathbf{N}}$	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwr	iters PAC ((HUPAC)	
A.	Full Name (Last, First, Middle Initial) FRANCIS A RUGGIERO			Date of Receipt
	Mailing Address 15 Kennedy Drive			M M / D D / Y Y Y Y 09 30 2005
	City	State	Zip Code	Transaction ID: 10505186
	Budd Lake	NJ	07828-1438	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer The Ruggiero Group LLC	Occupatio Insuranc		
	Receipt For:		e Year-to-Date V	-
	Primary General Other (specify) ▼		380.00]
в.	Full Name (Last, First, Middle Initial) RAYMER M SALE, JR			Date of Receipt
	Mailing Address P. O. Box 424420 1255 Lakes Pkwy Ste 1	20 Zip 30	04	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 10505187
	Lawrenceville	GA	30042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer E2E Benefits Services In-	Occupatio Insuranc		
	Receipt For:	-	e Year-to-Date ▼	
	Other (specify)	0 0	860.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) ROBERT C TRETTER			Date of Receipt
	Mailing Address 13016 Delmar Street			
	City	State	Zip Code	Transaction ID: 10505232
	Leawood	KS	66209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Thomas McGee L.C.	Occupatio Insuranc		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 220.00]
s	UBTOTAL of Receipts This Page (optional)			160.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 38 / 226 (check only one)						
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12						
			Detailed Summary Fage	13 14 15 16 17						
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscillations oscillations from such committee.						
\sum	NAME OF COMMITTEE (In Full)									
	National Association of Health Underwr	iters PAC ((HUPAC)							
Α.	Full Name (Last, First, Middle Initial) THOMAS L VOITER			Date of Receipt						
	Mailing Address 100 Amaryllis Drive			09 / 0 0 / Y Y Y Y Y 30 / 2005						
	City	State	Zip Code	Transaction ID: 10505241						
	Lafayette	LA	70503-3215	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		80.00						
	Name of Employer Physician's Mutual Insura-	Occupation Insurance		-						
	nce Receipt For:		e Year-to-Date V							
	Primary General			1						
	Other (specify) v	0 0	640.00							
в.	Full Name (Last, First, Middle Initial) GREG A YODER			Date of Receipt						
	Mailing Address 1055 Minnesota Avenue)		09 30 Y Y Y Y 09 30 2005						
	City	Transaction ID: 10505265								
	San Jose	CA	95125-2451	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		100.00						
	Name of Employer Ray Silva Insurance Assoc-	Occupatio		-						
	iates Inc. Receipt For:	Insurance Aggregate	e Year-to-Date V	_						
	Primary General	Aggrogate		1						
	Other (specify)	0 0	1900.00							
с.	Full Name (Last, First, Middle Initial) ROBERT A ZIFF			Date of Receipt						
	Mailing Address 17 North Delmorr Avenu	le		M M / D D / Y Y Y Y 09 30 2005						
	City	State	Zip Code	Transaction ID: 10505266						
	Morrisville	PA	19067-6278	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		80.00						
	Name of Employer Avanti Benefits Corp	Occupation Presiden								
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Other (specify) ▼		920.00]						
6	UBTOTAL of Receipts This Page (optional)	260.00								
ΙŤ	OTAL This Period (last page this line number o	nıy)								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 226 (check only one) X X 11a 11b 11c 12
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any pers dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC ((HUPAC)	
<u> </u>	Full Name (Last, First, Middle Initial) JOHN S HELMS			Date of Receipt
	Mailing Address 2000 N 14th Street			09 / 30 / Y Y Y Y 2005
	City	State	Zip Code	Transaction ID: 10505033
	Arlington FEC ID number of contributing federal political committee.	C	22201	Amount of Each Receipt this Period 25.00
	Name of Employer John Helms & Associates	Occupatio Presiden		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
в.	Full Name (Last, First, Middle Initial) SHARON R ROSS			Date of Receipt
	Mailing Address 2000 N. 14th Street			M M / D D / Y Y Y Y 09 30 2005
	City	State	Zip Code	Transaction ID: 10505184
	Arlington	VA	22201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer United Healthcare	Occupatio Health In	n Isurance Agent	
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 225.00]
с.	Full Name (Last, First, Middle Initial) MARIA KENNEDY			Date of Receipt
	Mailing Address 1149 Court Street NE			09 30 Y Y Y Y 09 30 2005
	City	State	Zip Code	Transaction ID: 10505066
	Salem	OR	97301-4030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Associated Oregon Industr- ies	-	of Marketing	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 220.00]
s	 UBTOTAL of Receipts This Page (optional)			60.00
Т	OTAL This Period (last page this line number c	only)		

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	atements ma	Use separate schedule(s) or each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 40 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 10 11 12
or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	o solicit contributions from such committee.
	National Association of Health Underwr	iters PAC	(HUPAC)	
Α.	Full Name (Last, First, Middle Initial) A. L. Hombroek			Date of Receipt
	Mailing Address 30 Lumpkin St Suite D			10 ^{//} ^{DD} / ^Y YYY 12005
	City	State	Zip Code	Transaction ID: 11142069
	Lawrenceville	GA	30046-1205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Multiple Benefits Corpora-	Occupatio		
	tion Receipt For:	Insuranc	e Agent e Year-to-Date ▼	_
	Primary General	Ayyreyall		1
	Other (specify)	0 0	1000.00	
в.	Full Name (Last, First, Middle Initial) RAYMER M SALE, JR			Date of Receipt
	Mailing Address P. O. Box 424420 1255 Lakes Pkwy Ste 1	20 Zip 30	04	10 ^{//} ^{DD} / ^Y YYY 10 ^{//} 2005
	City	State	Zip Code	Transaction ID: 11141927
	Lawrenceville	GA	30042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer E2E Benefits Services In- c.	Occupatio Insuranc		_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1
	Other (specify)	0 0	960.00	
c.	Full Name (Last, First, Middle Initial) CAROLYN L GOODWIN			Date of Receipt
	Mailing Address 4959 Mill Run Rd.			M M / D D / Y Y Y Y 10 04 2005
	City	State	Zip Code	Transaction ID: 11141934
	Dalls	TX	75244-6004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			20.00
	Name of Employer CBIZ Benefits & Insurance Services	Occupatio Insuranc		
	Receipt For:		e Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	285.00]
s	UBTOTAL of Receipts This Page (optional)			1120.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 226						
ITEMIZED RECEIPTS			or each category of the	(check only one)						
		Detailed Summary Page		X 11a 11b 11c 12						
				13 14 15 16 17						
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	r not be sold or used by any persond dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.						
Ν	NAME OF COMMITTEE (In Full)									
\rangle	National Association of Health Underwr	iters PAC (HUPAC)							
Α.	Full Name (Last, First, Middle Initial) LOUANNE TREBING			Date of Receipt						
	Mailing Address 1806 Patton Drive			M M / D D / Y Y Y Y 10 / 04 2005						
	City	State	Zip Code	Transaction ID: 11141956						
	Garland	TX	75042-8205	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		100.00						
	Name of Employer Trebing Insurance Services	Occupation Insurance								
	Receipt For:	-	Year-to-Date ▼	-						
	Primary General			1						
	Other (specify)	0 0	270.00							
в.	Full Name (Last, First, Middle Initial) Jean Van Der Sommen			Date of Receipt						
	Mailing Address 3346 Gwinnett Planation	n Way		M M / D D / Y Y Y Y 10 06 2005						
	City	State	Zip Code	Transaction ID: 11142108						
	Duluth	GA	30096-4647	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		480.00						
	Name of Employer Lloyd Bennett & Co. Inc.	Occupation Employe	n e Benefits							
	Receipt For:	1 1 2	Year-to-Date 🔻							
	Primary General		400.00	1						
	Other (specify)	0 0	480.00							
С.	Full Name (Last, First, Middle Initial) Beth M. Beam			Date of Receipt						
	Mailing Address 5516 Lonas Drive Suite	240		M M / D D / Y Y Y Y 10 07 2005						
	City	State	Zip Code	Transaction ID: 11141963						
	Knoxville	TN	37909-3247	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		395.00						
	Name of Employer Strategic Employee Benefi-	Occupation								
	ts Services		e Benefit Specialist							
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Primary General		395.00	1						
	Other (specify)]						
s	UBTOTAL of Receipts This Page (optional)		•	975.00						
Т	OTAL This Period (last page this line number of	nly)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 42 / 226 (check only one)						
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions					
\sum	NAME OF COMMITTEE (In Full)								
\angle	National Association of Health Underwrit	ers PAC (HUPAC)						
Α.	Full Name (Last, First, Middle Initial) Karen L. Brett			Date of Receipt					
	Mailing Address Two City Place Drive, #2	00		10 ^{D D} / Y Y Y Y 10 ^{D D} / 27 ^{O D} 2005					
	City	State	Zip Code	Transaction ID: 11142050					
	Saint Louis	MO	63141-7055	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		300.00					
	Name of Employer Colonial Life	Occupation							
	Receipt For:	Insurance	e Agent e Year-to-Date V	_					
	Primary General	riggrogate		1					
	Other (specify) v	0 0	300.00						
в.	Full Name (Last, First, Middle Initial) TERRI D ADAMS			Date of Receipt					
	Mailing Address PO Box 1290			M M / D D / Y Y Y Y 10 31 2005					
	City	State	Zip Code	Transaction ID: 11408677					
	Prairieville	LA	70769-1290	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		40.00					
	Name of Employer Benefit Strategies	Occupation Insurance							
	Receipt For:		e Year-to-Date ▼	_					
	Primary General		400.00	1					
	Other (specify)]					
<u>с.</u>	Full Name (Last, First, Middle Initial) KEERRY D ALDRIDGE			Date of Receipt					
	Mailing Address 1501 N. Limestone, Suite	e 100		M M / D D / Y Y Y Y 10 31 2005					
	City	State	Zip Code	Transaction ID: 11408778					
	Lexington	KY	40505-3200	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		80.00					
	Name of Employer CKBS Insurance GroupOccupaReceipt For:Aggreg								
			e Year-to-Date ▼	-					
Primary General Other (specify) ▼			820.00]					
<u> </u>	SUBTOTAL of Receipts This Page (optional)								
	OTAL This Period (last page this line number on		•						

SCHEDULE A (FEC Form 3X)					FOR LINE NUMBER: PAGE 43 / 226							
· · · ·			Use separate schedule(s) or each category of the		(check only one)							
			Detailed Summary Page		X 11a 11b 11c 12							
					13	Ш	14		15		16 	17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	on for t solici	the pur t contrib	oose outio	e of so Ins fro	nicitir m su	ig co ich c	ntribı omm	utions ittee.	;		
	NAME OF COMMITTEE (In Full)											
$\left \right\rangle$	National Association of Health Underwrit	ters PAC (HUPAC)									
۲ <u>ــــــــــــــــــــــــــــــــــــ</u>	Full Name (Last, First, Middle Initial) David Ayre				Date of	f Red	ceipt					
	Mailing Address 6340 South 3000 East #	ŧ 500			^M 1 0	/		D /	Y		0 0	
	City	State	Zip Code	-	Transa	ctio	n ID:	114	085	76		
	Salt Lake City	UT	84121		Amour	t of	Each	Rece	eipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	C					1				80.0	0
	Name of Employer Intermountain Financial	Occupation										
	Benefit Receipt For:	Insurance	e Agent e Year-to-Date V	_								
	Primary General	, iggi egale										
	Other (specify)	0 0	720.00									
В.	Full Name (Last, First, Middle Initial) THOMAS R BELDING				Date of	fRe	ceipt					
	Mailing Address 10917 Old River Trail			10 ^{//} 10 ^{//} 2005								
	City	State	-	Transaction ID: 11408783								
	Edmond	OK	73013-8382		Amour	it of	Each	Rece	eipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	C									20.0	0
	Name of Employer Professional Reinsurance	Occupation President										
	Marketing Ser Receipt For:	Aggregate										
	Primary General Other (specify) ▼		300.00]								
 c.	Full Name (Last, First, Middle Initial) BRUCE D BENTON				Date of	f Re	ceint					
	Mailing Address 19528 Ventura Boulevar	d # 596			1 0		D	D /	Y		о О О .	
	City	State	Zip Code	-	Transa	ctio	_		0878		00	
	Tarzana	CA	91356-2917		Amour	t of	Each	Rece	eipt th	nis P	eriod	
	FEC ID number of contributing federal political committee.	C									25.0	0
	Name of Employer Genesis SmithBenton Insur-	Occupation										
	ance & Financ	Insurance	•	_								
	Receipt For: Primary General	Aggregate	Year-to-Date V									
	Other (specify) ▼	245.00										
s	UBTOTAL of Receipts This Page (optional)		·····							1:	25.0	0
H			•	_		-			-	-	-	
т	OTAL This Period (last page this line number on	ly)		•	L							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 44 / 226 (check only one)
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\sum	NAME OF COMMITTEE (In Full)			
\geq	National Association of Health Underwr	iters PAC	(HUPAC)	
Α.	Full Name (Last, First, Middle Initial) Andrew F. Biernat			Date of Receipt
	Mailing Address 41 Notre Dame Lane			10 31 Y Y Y Y 10 31 2005
	City	State	Zip Code	Transaction ID: 11408681
	Utica	NY	13502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Meridian Group Of New Yor-	Occupatio		
	k, Inc. Receipt For:		e Year-to-Date V	_
	Primary General Other (specify) ▼		800.00	1
в.	Full Name (Last, First, Middle Initial) Tracy Q Bradford			Date of Receipt
	Mailing Address 866 Ridgeway Loop Roa	ad, Suite 2	00	10 ^{//} ^D ^D [/] ^Y
	City	State	Zip Code	Transaction ID: 11408584
	Memphis	TN	38120-4000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Clay & Land Insurance, In-	Occupatio	n	
	c. Receipt For:	Agent	e Year-to-Date V	
	Primary General	Aggregat		1
	Other (specify)	0 0	850.00	
с.	Full Name (Last, First, Middle Initial) ELEANOR M BROCKHURST			Date of Receipt
-	Mailing Address 1212 East Osborn Roac	I Suite 11	0	10 31 2005
	City	State	Zip Code	Transaction ID: 11408789
	Phoenix	AZ	85014-5533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Brockhurst & Associates	Occupatio Insuranc		7
	Inc. Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify)	1 1	220.00	1
		1		
s	UBTOTAL of Receipts This Page (optional)			140.00
т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	National Association of Health Underwri	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) Susan E Cook			Date of Receipt
	Mailing Address 3495 Piedmont Road, N 9 Piedmont Center	E		10 [/] 31 [/] 2005
	City	State	Zip Code	Transaction ID: 11408794
	Atlanta	GA	30305-1773	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Kaiser Permanente	Occupation		_
		Insurance		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	535.00	
в.	Full Name (Last, First, Middle Initial) ROSEMARY DEININGER			Date of Receipt
	Mailing Address 12801 N. Central Expres	ssway Sui	e	10 ^{//} ^D ^D [/] ^Y
	City	State	Zip Code	Transaction ID: 11408694
	Dallas	TX	75243-1741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Waldman Brothers	Occupation Account		
	Receipt For:		e Year-to-Date V	_
	Primary General Other (specify) ▼		310.00	1
_	Full Name (Last, First, Middle Initial)			
C.	Stephanie M. Denz Mailing Address 9000 Cypress Green Dri	ve Cuite 1	0	Date of Receipt
		ve Suite i	0	10 31 2005
	City Jacksonville	State FL	Zip Code 32256-5508	Transaction ID: 11408593
	FEC ID number of contributing		32230-3308	Amount of Each Receipt this Period
	federal political committee.	C		25.00
	Name of Employer Occupati BenefitPort Southeast Field Sa		n es Representative	
			PYear-to-Date ▼ 270.00]
s	UBTOTAL of Receipts This Page (optional)			105.00
Т	OTAL This Period (last page this line number or	ıly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Health Underw	riters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) SHARON DICORATO			Date of Receipt
	Mailing Address 801 Pine Street Suite	4G1		M M / D D / Y Y Y Y 10 31 2005
	City	State	Zip Code	Transaction ID: 11408801
	Chattanooga FEC ID number of contributing federal political committee.	TN C	37402-2520	Amount of Each Receipt this Period
	Name of Employer Blue Cross Blue Shield of TN	U U	, Individual Sales	_
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 280.00]
В.	Full Name (Last, First, Middle Initial) GERARD GERSHONOWITZ			Date of Receipt
	Mailing Address 980 Broadway Suite 6	M M / D D / Y Y Y Y 10 31 2005		
	City	State	Zip Code	Transaction ID: 11408599
	Thornwood	NY	10594-1313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Morrell Consulting Group Inc.	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	695.00]
с.	Full Name (Last, First, Middle Initial) CAROLYN L GOODWIN			Date of Receipt
	Mailing Address 4959 Mill Run Rd.			10 31 2005
	City	State	Zip Code	Transaction ID: 11408700
	Dalls	TX	75244-6004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer CBIZ Benefits & Insurance Services	Occupation Insurance		
	Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼	0 0	310.00]
s	UBTOTAL of Receipts This Page (optional)			110.00
\vdash			•	

TOTAL This Period (last page this line number only)

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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	tements ma	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 226 (check only one)
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and ad	dress of any political committee to	o solicit contributions from such committee.
	National Association of Health Underwri	iters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) STEPHEN A GRIM			Date of Receipt
	Mailing Address P O Box 1105			10 ^M / ^D D / ^Y Y Y Y Y 10 ³¹ 2005
	City	State	Zip Code	Transaction ID: 11408702
	Virginia Beach	VA	23451-0105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Mid-Atlantic Agency Inc.	Occupatio Presiden		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) v	0 0	720.00]
в.	Full Name (Last, First, Middle Initial) CRISTY RUSSELL GUPTO			Date of Receipt
	Mailing Address 357 Sanford Drive			M M / D D / Y Y Y Y 10 31 2005
	City	State	Zip Code	Transaction ID: 11408818
	Morganton	NC	28655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Flexible Benefit Manageme-	Occupatio Insuranc		
	nt Receipt For:		e Year-to-Date ▼	
	Other (specify)	0 0	470.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Christopher S. Harrison			Date of Receipt
	Mailing Address 921-C South McPherson	n Church F	Road	M M / D D / Y Y Y Y 10 31 2005
	City Fayetteville	State NC	Zip Code 28303-5368	Transaction ID: 11408821 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Ebenconcepts Company	Occupatio Insuranc		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1060.00]
s	UBTOTAL of Receipts This Page (optional)			230.00
Т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underw	riters PAC	(HUPAC)	
<u> </u>	Full Name (Last, First, Middle Initial) THOMAS M HARTE			Date of Receipt
	Mailing Address 20 Mary E. Clark Drive	#10		10 ^{//} 31 ^{//} 2005
	City	State	Zip Code	Transaction ID: 11408822
	Hampstead	NH	03841-2292	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Landmark Benefits Inc.	Occupatio		
	Receipt For:	Insuranc Aggregate	e Year-to-Date V	_
	Primary General Other (specify) ▼		900.00]
в.	Full Name (Last, First, Middle Initial) JON W HICKS			Date of Receipt
	Mailing Address 3620 Mountainside Driv	ve		10 [/] ¹
	City	State	Zip Code	Transaction ID: 11408829
	Colorado Springs	CO	80918	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Hicks Benefit Group	Occupatio Insuranc		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 290.00]
с.	Full Name (Last, First, Middle Initial) Gloria D. Hopper			Date of Receipt
	Mailing Address 6400 Fairview Road			M M / D D / Y Y Y Y 10 31 2005
	City Charlotte	State NC	Zip Code 28210-3237	Transaction ID: 11408708 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Wachovia Insurance Servic- es Inc.	Occupatio Insuranc		
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 420.00]
s	UBTOTAL of Receipts This Page (optional)			140.00
Т	OTAL This Period (last page this line number	only)		

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS						
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) National Association of Health Underwri			solicit contributions from such committee.			
A.	Full Name (Last, First, Middle Initial) Kathleen A. Hughes Mailing Address 13513 Arlington Road			Date of Receipt			
	City	State	Zip Code	Transaction ID: 11408832			
	Norwalk	ОН	44857-9626	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Benefit Solutions	Occupatio Insuranc		-			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00]			
в.	Full Name (Last, First, Middle Initial) RANDY JOPPIE			Date of Receipt			
	Mailing Address Collins and Associates 5075 Cascade Road SE			10 ^{''} 31 ^{''} 2005			
	City	State	Zip Code	Transaction ID: 11408713			
	Belding FEC ID number of contributing federal political committee.	C	48809	Amount of Each Receipt this Period			
	Name of Employer Collins & Associates Corp- oration Receipt For: Primary General Other (specify) ▼	1	n of Employee Benefits e Year-to-Date V 1040.00]			
	Full Name (Last, First, Middle Initial) MARK KENNEDY			Date of Receipt			
0.	Mailing Address 1173 Brittmoore Road			1 0 3 1 2 0 0 5			
	City Houston	State TX	Zip Code 77043-5003	Transaction ID: 11408619 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer Benefit Concepts Inc.		n e Agent	-			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 800.00]			
s	UBTOTAL of Receipts This Page (optional)			205.00			
Т	TOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri			
Α.	Full Name (Last, First, Middle Initial) MIKE KETRON			Date of Receipt
	Mailing Address 417 Washington Street			M M / D D / Y Y Y Y 10 31 2005
	City	State	Zip Code	Transaction ID: 11408714
	Columbus IN		47201-6757	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer SIHO	Occupatio		
	Receipt For:	Insurance Aggregate	e Agent e Year-to-Date V	_
	Primary General	, iggi oguio	· · · · · · · · · · · · · · · · · · ·	1
	Other (specify)	0 0	220.00	
в.	Full Name (Last, First, Middle Initial) ROSS W KRAFT			Date of Receipt
	Mailing Address 41 Notre Dame Lane			M M / D D / Y Y Y Y 10 31 2005
	City	State	Zip Code	Transaction ID: 11408621
	<u>Utica</u>	NY	13502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Meridian Group of New Yor-	Occupation Presiden		
	k, Inc. Receipt For:		Year-to-Date ▼	_
	Primary General Other (specify) ▼	0 0	800.00]
<u></u>	Full Name (Last, First, Middle Initial) RONALD M LEVINE			Date of Receipt
0.	Mailing Address 4037 Jordan Lake Place	•		
	City	State	Zip Code	Transaction ID: 11408849
	Marietta	GA	33602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
			n sident of Sales, SE	
			e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	310.00]
s	UBTOTAL of Receipts This Page (optional)			130.00
Т	OTAL This Period (last page this line number or	וא)	· · · · · · · · · · · · · · · · · · ·	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 51 / 226		
	· · · ·		Use separate schedule(s) or each category of the	(check only one)		
Π	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\mathbf{\nabla}$	NAME OF COMMITTEE (In Full)					
	National Association of Health Underwri	ters PAC ((HUPAC)			
́А.	Full Name (Last, First, Middle Initial) CHERYL LOMBARDI			Date of Receipt		
	Mailing Address 1331 North California Bl	vd, Ste 30		M M / D D / Y Y Y Y 10 / 31 / 2005		
	City	State	Zip Code	Transaction ID: 11408623		
	Walnut Creek	CA	94596-4536	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		80.00		
	Name of Employer Claremont Insurance Servi-	Occupation Insurance				
	ces Receipt For:		e Year-to-Date V	_		
	Primary General			1		
	Other (specify)		820.00			
				-		
в.	Full Name (Last, First, Middle Initial) JUAN LOPEZ			Date of Receipt		
	Mailing Address 200 N. Lewis Street			M M / D D / Y Y Y Y 10 / 31 / 2005		
	City	State	Zip Code	Transaction ID: 11408722		
	Orange	CA	92868-1538	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer	Occupatio	n	-		
	Kaiser Permanénte	Manager				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	300.00]		
— C.	Full Name (Last, First, Middle Initial) MAURICE LYONS			Date of Receipt		
	Mailing Address 301 Madison Avenue 4t	h Floor		10 31 2005		
	City	State	Zip Code	Transaction ID: 11408624		
	New York	NY	10017-8103	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		80.00		
	Name of England					
	Name of Employer The Medical Link Inc.	Occupation Presiden	t			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General		580.00	1		
	Other (specify)			1		
s	UBTOTAL of Receipts This Page (optional)			190.00		
\vdash	,			-		

TOTAL This Period (last page this line number only)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17			
	ny information copied from such Reports and Sta for commercial purposes, other than using the r			on for the purpose of soliciting contributions			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC ((HUPAC)				
A.	Full Name (Last, First, Middle Initial) LINDA MACKEY			Date of Receipt			
	Mailing Address PO Box 1001			10 ^{/ D D} / Y Y Y Y 10 ^{/ 2005}			
	City	State	Zip Code	Transaction ID: 11408723			
	Tyrone	GA	30290-1001	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		10.00			
	Name of Employer Linda Mackey Insurance	Occupation Insurance					
	Inc Receipt For:		e Year-to-Date V	_			
	Primary General Other (specify) ▼		290.00]			
в.	Full Name (Last, First, Middle Initial) DALE W MALONEY			Date of Receipt			
	Mailing Address 125 South Swoope Ave	nue Suite:	210	M M / D D / Y Y Y Y 10 31 2005			
	City	State	Zip Code	Transaction ID: 11408625			
	Maitland	FL	32751-5784	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Benefits Division Inc.	Occupation Insurance					
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1060.00]			
	Full Name (Last, First, Middle Initial) CAROLYNNE MULDOON			Date of Receipt			
	Mailing Address 457 Main Street						
	City	State	Zip Code	Transaction ID: 11408727			
	Longmont	CO	80501-5534	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer Milestone Insurance Agency	Occupation Owner	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00]			
s	 UBTOTAL of Receipts This Page (optional)			130.00			
т	OTAL This Period (last page this line number only)						

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBE	R: PAGE 53 / 226				
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)					
••			Detailed Summary Page		11c 12 15 16 17				
Δr	w information conied from such Reports and Sta	tomonts may	y not be sold or used by any perso	n for the purpose of sc					
or	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
\sum	NAME OF COMMITTEE (In Full)								
	National Association of Health Underwri	ters PAC (HUPAC)						
Α.	Full Name (Last, First, Middle Initial) RON J NEZAT		Date of Receipt						
	Mailing Address PO Box 91180				^D / ^Y / ₂₀₀₅				
	City	State	Zip Code	Transaction ID:	11408730				
	Lafayette	LA	70509-1180	Amount of Each	Receipt this Period				
	FEC ID number of contributing federal political committee.	C			20.00				
	Name of Employer Global Financial Resources	Occupation		-					
	Inc.	Insurance	•	_					
	Receipt For: Primary General	Aggregate	Year-to-Date V						
	Other (specify) ▼	0 0	220.00						
в.	Full Name (Last, First, Middle Initial) Kirby V. Nielsen			Date of Receipt					
	Mailing Address 7100 N. High St. #209			мм/ D 10 З	^D / Y Y Y Y 31 2005				
	City	State	Zip Code	Transaction ID:	11408912				
	Worthington	OH	43085-2316		Receipt this Period				
	FEC ID number of contributing federal political committee.	C			30.00				
	Name of Employer Nielsen Insurance Agency	Occupation	ı						
	Inc.	Insurance	V	_					
	Receipt For: Primary General	Aggregate	Year-to-Date V						
	Other (specify) ▼	0 0	290.00						
	Full Name (Last, First, Middle Initial)			Date of Receipt					
	Mailing Address 2305 W. Berry Avenue				^D / Y Y Y Y 2005				
	City	State	Zip Code	Transaction ID:					
	Littleton	CO	80120-1177		Receipt this Period				
	<u></u>				25.00				
			n e Agent						
			Year-to-Date 🔻						
	Other (specify)		225.00						
ß	UBTOTAL of Receipts This Page (optional)		······		75.00				
T	OTAL This Period (last page this line number or	וy)							

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	atements ma	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 226 (check only one)			
or	for commercial purposes, other than using the	name and ad	dress of any political committee to	o solicit contributions from such committee.			
Ν	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	National Association of Health Underwi						
Α.	Full Name (Last, First, Middle Initial) SUSAN MALEY_RASH			Date of Receipt			
	Mailing Address 2108 West Laburnum A	Avenue Sui	ite 3	10 31 2005			
	City	State	Zip Code	Transaction ID: 11408643			
	Richmond	VA	23227-4300	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer BB&T Benefit Consultants of Virginia	Occupatio Vice Pres					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼	0 0	900.00				
в.	Full Name (Last, First, Middle Initial) ALINE ROBERTS			Date of Receipt			
	Mailing Address 3537 Old Conejo Rd., S	Ste. 114		10 [/] Y Y Y Y 10 [/] 31 [/] 2005			
	City	State	Zip Code	Transaction ID: 11408883			
	Newbury Park	CA	91320-6189	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		85.00			
	Name of Employer Insurance Dimensions	Occupatio Insuranc					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 950.00				
<u>с.</u>	Full Name (Last, First, Middle Initial) WILLIAM D ROBINSON			Date of Receipt			
	Mailing Address 739 East Jackson Stree	et		10 31 2005			
	City	State	Zip Code	Transaction ID: 11408773			
	Martinsville	IN	46151-2033	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer American Community Mutual	Occupatio Insuranc					
	Insurance Receipt For:	-	e Year-to-Date V				
	Primary General Other (specify) ▼		280.00				
s	UBTOTAL of Receipts This Page (optional)		······	155.00			
т	TOTAL This Period (last page this line number only)						

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 226			
IT	EMIZED RECEIPTS		or each category of the	(check only one)			
			Detailed Summary Page				
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
\rangle	National Association of Health Underwr						
Α.	Full Name (Last, First, Middle Initial) MEL A SCHLESINGER			Date of Receipt			
	Mailing Address PO Box 30100			10 ^{//} 31 [/] 2005			
	City	State	Zip Code	Transaction ID: 11408886			
	Winston Salem	NC	27130-0100	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		85.00			
	Name of Employer The Rainmakers Group Inc.	Occupation Insurance					
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General Other (specify) ▼	U U U	575.00]			
в.	Full Name (Last, First, Middle Initial) JAMES D SCHULZ			Date of Receipt			
	Mailing Address 7101 S. 82nd St.			M M / D D / Y Y Y Y 10 31 2005			
	City	State	Zip Code	Transaction ID: 11408888			
	Lincoln	NE	68516-6574	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer Midlands Financial Benefi- ts	Occupation Insurance					
	Receipt For:	Aggregate	Year-to-Date V				
	Other (specify)	0 0	800.00]			
<u></u>	Full Name (Last, First, Middle Initial) THOMAS SHORES			Date of Receipt			
	Mailing Address 8596 W Bolsa Ct.			M M / D D / Y Y Y Y 10 31 2005			
	City	State ID	Zip Code	Transaction ID: 11408776			
	Boise		83709-5196	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	T A Shoros Inc		n Growth Specialist				
	Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 210.00	1			
		10	0 0 0 0 0 0 0 0				
s	UBTOTAL of Receipts This Page (optional)			185.00			
т	OTAL This Period (last page this line number o	nly)					

6				FOR LINE NUMBER: PAGE 56 / 226				
	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	(check only one)				
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	r not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
Ν	NAME OF COMMITTEE (In Full)							
	National Association of Health Underwr							
Α.	Full Name (Last, First, Middle Initial) Bob G Shupe			Date of Receipt				
	Mailing Address PO Box 2344			10 ^M /2005				
	City	State	Zip Code	Transaction ID: 11408655				
	Brentwood	TN	37024-2344	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		40.00				
	Name of Employer ESP Inc	Occupation Insurance						
	Receipt For:		Year-to-Date V	_				
	Primary General			1				
	Other (specify)	0 0	420.00					
в.	Full Name (Last, First, Middle Initial) ANNE P SPERLING			Date of Receipt				
	Mailing Address 25 Antigua Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 11408659				
	Santa Fe	NM	87508-2201	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		30.00				
	Name of Employer Daniels Insurance Inc.	Occupation Employe	n e Benefits Manager					
	Receipt For:	Aggregate	Year-to-Date V					
	Primary General		E20.00	1				
	Other (specify)	0 0	520.00					
c.	Full Name (Last, First, Middle Initial) CAROL STEELE			Date of Receipt				
	Mailing Address 1000 South Cleveland-N	/lassillon R	d	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 11408751				
	Akron	OH	44333-9204	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		20.00				
	Name of Employer Benefit Designs Inc.	Occupation Insurance						
	Receipt For:		e Year-to-Date ▼	-1				
	Primary General		400.00	1				
	Other (specify)							
s	UBTOTAL of Receipts This Page (optional)			90.00				
т	TOTAL This Period (last page this line number only)							

6				FOR LINE NUMBER: PAGE 57 / 226
SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS	Detailed Summary Page		X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
\backslash	National Association of Health Underwri	ters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) Burley W. Strader			Date of Receipt
	Mailing Address 165 Kimel Park Drive 27 P.O. Box 24042	'103		10 ^{//} / ²⁰⁰⁵ / ²⁰⁰⁵
	City	State	Zip Code	Transaction ID: 11408909
	Winston Salem	NC	27114-4042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer MedCost Benefit Services LLC	Occupation Senior S	n ales Consultant	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		605.00	1
		0 0		1
в.	Full Name (Last, First, Middle Initial) JAMES F. SUMMERS			Date of Receipt
	Mailing Address 15316 Pine			10 31 2005
	City	Zip Code	Transaction ID: 11408753	
	Omaha	NE	48144	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Senior Market Sales Inc.	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		1040.00	1
	Other (specify)	0 0		
	Full Name (Last, First, Middle Initial) Donald B. Thompson			Date of Receipt
•	Mailing Address 9700 Ormsby Station Ro	d. #200		10 31 2005
	City	State	Zip Code	Transaction ID: 11408665
	Louisville	KY	40223-4207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Thompson Associates Inc.	Occupation Insurance		
	Receipt For:		e Year-to-Date 🔻	
	Primary General		1500.00	1
	Other (specify)			1
5	UBTOTAL of Receipts This Page (optional)		•	335.00
F				-

TOTAL This Period (last page this line number only)

▶

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
	for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC ((HUPAC)	
<u>А</u> .	Full Name (Last, First, Middle Initial) DANIEL R TOMPKINS, JR			Date of Receipt
	Mailing Address PO Box 1810			10 ^{''} 31 ^{''} 2005
	City	State	Zip Code	Transaction ID: 11408666
	Roswell	GA	30077-1810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Admin America	Occupatio		
	Receipt For:	Insuranc	e Agent e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00]
в.	Full Name (Last, First, Middle Initial) DANIEL R. TOMPKINS, III			Date of Receipt
	Mailing Address PO Box 1810 800 Old Rosewell Lakes	s Pkwy Suit	te	M M / D D / Y Y Y Y 10 / 31 / 2005
	City	State	Zip Code	Transaction ID: 11408667
	Roswell	GA	30077-1810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Admin America	Occupatio Insuranc		
	Receipt For: Primary General Other (specify) ▼	-	e Year-to-Date ▼ 580.00]
	Full Name (Last, First, Middle Initial) Eric S, Townsend			Date of Receipt
0.	Mailing Address 1658 Presto Avenue			1 0 3 1 2 0 0 5
	City	State	Zip Code	Transaction ID: 11408757
	Indianapolis		46224-5640	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Mutual of Omaha		ⁿ e Agent	
	Receipt For: Primary General Other (specify) v	Aggregate	e Year-to-Date ▼ 220.00]
s	UBTOTAL of Receipts This Page (optional)			90.00
Т	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underw	riters PAC	(HUPAC)				
A.	Full Name (Last, First, Middle Initial) ALBERT J TRAVASOS Mailing Address 2255 Glades Road, Sui	to 1200		Date of Receipt			
				10 31 2005			
	City Boca Raton	State FL	Zip Code 33431-7379	Transaction ID: 11408668 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		45.00			
	Name of Employer John Hancock	Occupatio Insuranc					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 405.00]			
в.	Full Name (Last, First, Middle Initial) WENDY VANDERWATER			Date of Receipt			
	Mailing Address 515 West Southwest Lo	oop 323		10 31 2005			
	City	State	Zip Code	Transaction ID: 11408760			
		TX	75701-9455	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Threlkeld & Company Insur-	Occupatio Insuranc					
	ance Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 245.00]			
с.	Full Name (Last, First, Middle Initial) PETER VINTON			Date of Receipt			
	Mailing Address 9480 Deereco Road			10 ^{//} 31 ^{//} 2005			
	City Timonium	State MD	Zip Code 21093-2102	Transaction ID: 11408670			
	FEC ID number of contributing federal political committee.	C	21093-2102	Amount of Each Receipt this Period 80.00			
	Name of Employer Corporate Coverage LLC	Occupatio Insuranc		_			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00]			
s	UBTOTAL of Receipts This Page (optional)			150.00			
Т	TOTAL This Period (last page this line number only)						

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwr	riters PAC ((HUPAC)	
A.	Full Name (Last, First, Middle Initial) M HUGHES WAREN			Date of Receipt
	Mailing Address P.O. Box 7661			10 ^{//} 31 ^{//} 2005
	City	State	Zip Code	Transaction ID: 11408899
	Wilmington	NC	28406-7661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Ebenconcepts Inc.	Occupatio Insuranc		
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	440.00]
в.	Full Name (Last, First, Middle Initial) JOHN L WARWICK			Date of Receipt
	Mailing Address PO Box 272 1907 B Mangrove Ave.			M M / D D / Y Y Y Y Y 10 31 2005
	City	State	Zip Code	Transaction ID: 11408900
	Chico	CA	95927-0272	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer John Warwick Insurance	Occupatio Insuranc		
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	890.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Richard E. Wheeler			Date of Receipt
	Mailing Address 617 Highway 71 Buildin	ng 2-6		M M / D D / Y Y Y Y Y 10 31 2005
	City	State	Zip Code	Transaction ID: 11408763
	Brielle	NJ	08730-1838	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
			n e Agent	
			e Year-to-Date V	_
	Primary General Other (specify) ▼		280.00]
s	UBTOTAL of Receipts This Page (optional)			145.00
	OTAL This Period (last page this line number of			-

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC ((HUPAC)	
<u>∠</u>	Full Name (Last, First, Middle Initial) DAVID B WILLS			Date of Receipt
	Mailing Address 902 Brynwood Dr			M M / D D / Y Y Y Y 10 31 2005
	City	State	Zip Code	Transaction ID: 11408673
	Chattanooga	TN	37415-3306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer D. B. Wills & Co.	Occupatio Presiden		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) v	0 0	300.00]
в.	Full Name (Last, First, Middle Initial) STEVEN L WILSON			Date of Receipt
	Mailing Address 1151 Red Mile Road			M · M / D · D / Y · Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y Y · Y · Y Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y Y · Y · Y · Y · Y · Y · Y · Y · Y · Y ·
	City		Zip Code	Transaction ID: 11408738
	Lexington	KY	40504-2645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer Benefit Insurance Marketi- ng	Occupatio Insuranc		
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 470.00	1
	Full Name (Last, First, Middle Initial)			d
C.	STEVEN L WILSON			Date of Receipt
	Mailing Address 1151 Red Mile Road			10 ^M / D D / Y Y Y Y 10 ^D 31 ^V 2005
	City Lexington	State KY	Zip Code 40504-2645	Transaction ID: 11408766 Amount of Each Receipt this Period
	FEC ID number of contributing		40304-2043	50.00
	federal political committee.	C		
	Name of Employer Benefit Insurance Marketi- ng	Occupatio Insuranc		
	Receipt For:		e Year-to-Date V	
	Other (specify) ▼	0 0	520.00]
s	I UBTOTAL of Receipts This Page (optional)			100.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 226			
ITEMIZED RECEIPTS			or each category of the	(check only one)			
			Detailed Summary Page				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)						
\rangle	National Association of Health Underwri						
Α.	Full Name (Last, First, Middle Initial) DENNY WRIGHT			Date of Receipt			
	Mailing Address 111 East Ludwig Road Suite			M M / D D / Y Y Y Y 10 / 31 / 2005			
	City	State	Zip Code	Transaction ID: 11408770			
	Fort Wayne	IN	46825-4240	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer IntraHealth Solutions In-						
	C. Receipt For:		Year-to-Date ▼	_			
	Primary General		940.00	1			
	Other (specify)	0 0	940.00				
в.	Full Name (Last, First, Middle Initial) DENNY WRIGHT			Date of Receipt			
	Mailing Address 111 East Ludwig Road	g Address 111 East Ludwig Road Suite 108					
	City	State	Zip Code	Transaction ID: 11408777			
	Fort Wayne	IN	46825-4240	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		10.00			
	Name of Employer IntraHealth Solutions In- c.	Occupation Presiden					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General		950.00	1			
	Other (specify)	0 0	0 0 0 0 0 0 0				
C.	Full Name (Last, First, Middle Initial) Robert J Bishop			Date of Receipt			
	Mailing Address 2785 East Desert Inn Ro	d. #134		M M / D D / Y Y Y Y 10 31 2005			
	City	State	Zip Code	Transaction ID: 11408581			
	Las Vegas	NV	89121-3623	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		84.00			
	Name of Employer KIA Insurance	Occupation Insurance					
	Receipt For:		e Year-to-Date ▼	7			
	Primary General		840.00	1			
	Other (specify)	0 0					
s	UBTOTAL of Receipts This Page (optional)			174.00			
Т	OTAL This Period (last page this line number or	nly)					

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS			
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) National Association of Health Underwri			solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) WILLIAM J BRANNON Mailing Address 7 Terrace Way Suite C			Date of Receipt
	City	State NC	Zip Code	Transaction ID: 11408585
	Greensboro FEC ID number of contributing federal political committee.	C	27403-3666	Amount of Each Receipt this Period
	Name of Employer Group US Inc. Receipt For: Primary General Other (specify) ▼	Occupatio Insuranc Aggregate]
в.	Full Name (Last, First, Middle Initial) DOROTHY M COCIU Mailing Address P.O. Box 1941			Date of Receipt
	City	State	Zip Code	Transaction ID: 11408588
	Big Bear Lake FEC ID number of contributing federal political committee.	CA	92315-1941	Amount of Each Receipt this Period 80.00
	Name of Employer Advanced Benefit Consulti- ng & Insuranc Receipt For: Primary General Other (specify) ▼	Occupatio Insuranc Aggregate]
	Full Name (Last, First, Middle Initial) CAROL A CUTTER			Date of Receipt
0.	Mailing Address 624 Griffin Road Suite	В		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Indianapolis	State IN	Zip Code 46227-8504	Transaction ID: 11408798 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Indiana Dept. of Insurance	Occupatio Insuranc		-
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 420.00]
s	UBTOTAL of Receipts This Page (optional)			145.00
Т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwr			
A.	Full Name (Last, First, Middle Initial) RUSH DAVID DIXON Mailing Address 1375 Piccard Drive	Date of Receipt		
				10 31 2005
	City Rockville	State MD	Zip Code 20850-4311	Transaction ID: 11408802 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Early Cassidy and Schilli- ng Receipt For: Primary General Other (specify) v	-	n nployee Benefits e Year-to-Date ▼ 1000.00]
В.	Full Name (Last, First, Middle Initial) STEVEN H DODDER Mailing Address PO Box 2069			Date of Receipt
				10 31 2005
	City	State	Zip Code	Transaction ID: 11408696
	Monument FEC ID number of contributing federal political committee.	CO	80132-2069	Amount of Each Receipt this Period
	Name of Employer Time Insurance/Assurant Health Receipt For: Primary General Other (specify)		n Sales Director e Year-to-Date ▼ 620.00]
С.	Full Name (Last, First, Middle Initial) MICHAEL A EMBRY, SR	0.11.07		Date of Receipt
	Mailing Address 20700 Civic Center Driv	e Suite 25	10 [/] 31 [/] 2005	
	City Southfield	State MI	Zip Code 48076-4133	Transaction ID: 11408809
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer Comerica Insurance Servic- es Inc.		up Benefits Division	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)			170.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 226
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr			
Α.	Full Name (Last, First, Middle Initial) CHARLES T GARTLAN			Date of Receipt
	Mailing Address PO Box 1268			10 ^{//} 31 [/] 2005
	City	State	Zip Code	Transaction ID: 11408815
	Toms River NJ		08754-1268	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer BenefitPort LLC	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) v		450.00]
	Full Name (Last, First, Middle Initial)			Date of Descript
р.	RICHARD R GIRDLER, JR Mailing Address 113 Seaboard Lane Su	ite C-170		Date of Receipt
				10 31 2005
	City	State	Zip Code	Transaction ID: 11408600
	Franklin	TN	37067-8281	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			25.00
	Name of Employer Cowan Benefit Services Inc.	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
<u></u>	Full Name (Last, First, Middle Initial) GERALD G HARTMAN			Date of Receipt
	Mailing Address 1487 S. David Lane PO Box 5716			M M / D D / Y Y Y Y 10 31 2005
	City	State	Zip Code	Transaction ID: 11408823
	Boise	ID	83705-0716	Amount of Each Receipt this Period
	Receipt For: Aggr			15.00
			e Agent	
			e Year-to-Date 🔻	
	Primary General Other (specify) ▼		635.00	
s	I UBTOTAL of Receipts This Page (optional)			80.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 226 (check only one) 11a X 11a 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Association of Health Underv			
Full Name (Last, First, Middle Initial) A. SHEILA HARTMAN		Date of Receipt	
Mailing Address 21700 Oxnard St. # 1	270		M M / D D / Y Y Y Y 10 31 2005
City Woodland Hills	State CA	Zip Code 91367-3669	Transaction ID: 11408707 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Financial Independence Co- mpany Receipt For: Primary General Other (specify)	Occupation Insurance Aggregate]
Full Name (Last, First, Middle Initial) HUGH R HENDRICKSON Mailing Address 1019 Pacific Ave. Suit	e 1110		Date of Receipt
City <u>Tacoma</u> FEC ID number of contributing federal political committee.	State WA	Zip Code 98402-4468	Transaction ID: 11408827 Amount of Each Receipt this Period 20.00
Name of Employer Strategic Employee Benefit Services Receipt For: Primary General Other (specify) ▼	Occupatio Insuranc		
Full Name (Last, First, Middle Initial) C. JAIME D HERNANDEZ			Date of Receipt
Mailing Address 804 S. Bel Aire Drive			10 ^M / ^D D / ^Y Y Y Y Y 10 ³¹ 2005
City Burbank	State CA	Zip Code 91501-1522	Transaction ID: 11408608 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Jardez Financial & Insura- nce Inc. Receipt For: Primary General Other (specify)	Occupation Insurance Aggregate]
SUBTOTAL of Receipts This Page (optional)			170.00

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 67 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC ((HUPAC)	
<u>۸</u> .	Full Name (Last, First, Middle Initial) Sheri S Hokin			Date of Receipt
	Mailing Address 3330 Dundee Road Su	ite C-3		M M / D D / Y Y Y Y 10 31 2005
	City	State	Zip Code	Transaction ID: 11408613
	Northbrook FEC ID number of contributing	<u>с</u>	60062-2328	Amount of Each Receipt this Period
	federal political committee. Name of Employer			
	Hokin Sternberg Insurance Services	Occupatio Insuranc	e Agent	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 260.00]
в.	Full Name (Last, First, Middle Initial) DAVID S JOHNSON			Date of Receipt
	Mailing Address P. O. Box 871129	M M / D D / Y Y Y Y Y 10 31 2005		
	City	State	Zip Code	Transaction ID: 11408616
	Stone Mountain	GA	30087-0029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer David S. Johnson Insurance	Occupatio Account	n Executive	_
	Receipt For:	Aggregate	e Year-to-Date V	
	Other (specify) ▼		640.00]
<u></u>	Full Name (Last, First, Middle Initial) SANDRA JOHNSON			Date of Receipt
	Mailing Address 12500 Network Blvd #	403		
	City	State	Zip Code	Transaction ID: 11408835
	San Antonio	TX	78249-3310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Hairston Johnson & Assoc- iates PLLC	Occupatio Insuranc		
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00]
s	UBTOTAL of Receipts This Page (optional)		······	95.00

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 68 / 226			
		Use separate schedule(s) or each category of the		(check only one)			
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$			
	y information copied from such Reports and Sta for commercial purposes, other than using the i			on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
	National Association of Health Underwr						
Α.	Full Name (Last, First, Middle Initial) ROBERT M LAY			Date of Receipt			
	Mailing Address 3112 Forest Avenue			10 ^{//} 31 [/] 2005			
	City	State	Zip Code	Transaction ID: 11408718			
	Fort Worth	TX	76112-7002	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Lay & Williams Insurance	Occupation Insurance					
	Services Receipt For:		e Year-to-Date V				
	Primary General		250.00	1			
	Other (specify) 🔻	0 0	230.00				
в.	Full Name (Last, First, Middle Initial) MICHAEL E MATZNICK			Date of Receipt			
	Mailing Address PO Box 38248 3300 Battleground Ave.	#200 (27/	1	10 / D D / Y Y Y Y 10 31 2005			
	City		Zip Code	Transaction ID: 11408857			
	Greensboro	NC	27438-8248	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		85.00			
	Name of Employer EbenConcepts Company	Occupation Insurance		-			
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	230.00]			
	Full Name (Last, First, Middle Initial) LINDA J NEW			Date of Receipt			
-	Mailing Address P. O. Box 28543			10 31 2005			
	City	State	Zip Code	Transaction ID: 11408868			
	Austin	TX	78755-8543	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer New Insurance Benefits	Occupation Insurance					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼				
	Other (specify)	0 0	220.00]			
s	UBTOTAL of Receipts This Page (optional)			130.00			
Т	OTAL This Period (last page this line number c	only)					

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 69 / 226	
	· · · ·		Use separate schedule(s) or each category of the	(check only one)	
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.			
Ν	NAME OF COMMITTEE (In Full)				
$\langle \rangle$	National Association of Health Underwri	iters PAC (HUPAC)		
Α.	Full Name (Last, First, Middle Initial) JESSE A PATTON		Date of Receipt		
	Mailing Address 2175 NW 86th Street S	uite 14		M M / D D / Y Y Y Y 10 31 2005	
	City	State	Zip Code	Transaction ID: 11408876	
	Des Moines IA		50325-5557	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		225.00	
	Name of Employer Associations Marketing Gr- oup Inc.	Occupation			
	Receipt For:	Aggregate	e Year-to-Date ▼	-	
	Primary General		0050.00	1	
	Other (specify)	0 0	2250.00		
в.	Full Name (Last, First, Middle Initial) JAMES E PRICE, III			Date of Receipt	
	Mailing Address 5709 North West Avenu	е		M M / D D / Y Y Y Y 10 31 2005	
	City	State	Zip Code	Transaction ID: 11408641	
	Fresno	CA	93711-2366	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer	Occupatio	n	-	
	Price Associatés Insurance Services I	Insuranc	e Agent		
	Receipt For:	Aggregate	e Year-to-Date 🔻		
	Primary General Other (specify) ▼	0 0	900.00]	
	Full Name (Last, First, Middle Initial) JON C RAUSER			Date of Receipt	
	Mailing Address 400 East Wisconsin Ave	enue # 200)		
	City	State	Zip Code	Transaction ID: 11408644	
	Milwaukee	WI	53202-4499	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		170.00	
	Name of Employer The Rauser Agency Inc.	Occupation Insurance		1	
	Receipt For:	-	e Year-to-Date V	-	
	Primary General	, iggi ogait		1	
	Other (specify)	0 0	1120.00]	
s	UBTOTAL of Receipts This Page (optional)			495.00	
\vdash	,			-	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 70 / 226 (check only one)			
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	\mathbf{X} 11a \mathbf{I} 11b \mathbf{I} 11c \mathbf{I} 12			
			Detailed Summary Fage	13 14 15 16 17			
	y information copied from such Reports and Sta for commercial purposes, other than using the n						
\sum	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	National Association of Health Underwri						
A.	Full Name (Last, First, Middle Initial) EDWARD ROLING			Date of Receipt			
	Mailing Address 343 Six Forks Road			10 ^{//} 31 ^{//} 2005			
	City	State	Zip Code	Transaction ID: 11408651			
	Raleigh	NC	27609-7800	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer Delta Dental of North Car-	Occupation Insurance					
	olina Inc. Receipt For:		e Year-to-Date V	_			
	Primary General Other (specify) ▼	U U U	300.00]			
в.	Full Name (Last, First, Middle Initial) FRANCIS A RUGGIERO			Date of Receipt			
	Mailing Address 15 Kennedy Drive			M M / D D / Y Y Y Y 10 31 2005			
	City		Zip Code	Transaction ID: 11408744			
	Budd Lake	NJ	07828-1438	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		40.00			
	Name of Employer The Ruggiero Group LLC	Occupation Insurance					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify)		420.00]			
— C.	Full Name (Last, First, Middle Initial) RAYMER M SALE, JR			Date of Receipt			
-	Mailing Address P. O. Box 424420 1255 Lakes Pkwy Ste 1	20 Zip 30(04	M M / D D / Y Y Y Y 10 31 2005			
	City	State	Zip Code	Transaction ID: 11408652			
	Lawrenceville	GA	30042	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer E2E Benefits Services In- c.	Occupation Insurance					
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻				
	Other (specify)	0 0	1060.00]			
s	UBTOTAL of Receipts This Page (optional)		······	170.00			
T T	OTAL This Period (last page this line number or	וא)	· · ·				

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS			
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) National Association of Health Underwr			Solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) ROBERT C TRETTER Mailing Address 13016 Delmar Street			Date of Receipt
	City	State KS	Zip Code	Transaction ID: 11408758
	Leawood FEC ID number of contributing federal political committee.	C	66209	Amount of Each Receipt this Period
	Name of Employer Thomas McGee L.C. Receipt For: Primary General Other (specify) ▼	Occupatio Insuranc Aggregate]
В.	Full Name (Last, First, Middle Initial) THOMAS L VOITER Mailing Address 100 Amaryllis Drive			Date of Receipt
	City Lafayette	State LA	Zip Code 70503-3215	Transaction ID: 11408761 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Physician's Mutual Insura- nce Receipt For:	Occupatio Insuranc Aggregate		-
	Primary General Other (specify) ▼		720.00]
с.	Full Name (Last, First, Middle Initial) GREG A YODER			Date of Receipt
	Mailing Address 1055 Minnesota Avenue	9		M M / D D / Y Y Y Y 10 31 2005
	City San Jose	State CA	Zip Code 95125-2451	Transaction ID: 11408907 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Ray Silva Insurance Assoc- iates Inc. Receipt For: Primary General Other (specify) ▼	Occupatio Insuranc Aggregate]
s	UBTOTAL of Receipts This Page (optional)			200.00
т	OTAL This Period (last page this line number of	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 72 / 226 (check only one) X 11a 11b 11c 12							
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$						
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.						
Ν	NAME OF COMMITTEE (In Full)									
\angle	National Association of Health Underwri	ters PAC (HUPAC)							
A.	Full Name (Last, First, Middle Initial) ROBERT A ZIFF			Date of Receipt						
	Mailing Address 17 North Delmorr Avenu	e		10 ^M , ^D , ^D , ^D , ^Y						
	City	State	Zip Code	Transaction ID: 11408908						
	Morrisville	PA	19067-6278	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.CName of Employer Avanti Benefits CorpOccupation PresidentReceipt For:Aggregate			80.00						
			Year-to-Date 🔻							
	Primary General Other (specify) ▼	0 0	1000.00]						
в.	Full Name (Last, First, Middle Initial) JOHN S HELMS			Date of Receipt						
	Mailing Address 2000 N 14th Street City State Arlington VA FEC ID number of contributing federal political committee. C			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
			Zip Code	Transaction ID: 11408826						
			22201	Amount of Each Receipt this Period						
				25.00						
	Name of Employer John Helms & Associates	Occupation President								
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼	0 0	250.00							
<u></u>	Full Name (Last, First, Middle Initial) SHARON R ROSS			Date of Receipt						
	Mailing Address 2000 N. 14th Street			M M / D D / Y Y Y Y 10 31 2005						
	City	State	Zip Code	Transaction ID: 11408884						
	Arlington	VA	22201	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		25.00						
	Name of Employer Occupation United Healthcare Health Inst		surance Agent							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00							
s	UBTOTAL of Receipts This Page (optional)		•	130.00						
т	OTAL This Period (last page this line number or	ly)								
SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 73 / 226						
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ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)						
Any information copied from such Reports and Statements m			Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17						
Ar	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.						
$\left[\right]$	NAME OF COMMITTEE (In Full)									
	National Association of Health Underwri	iters PAC (HUPAC)							
Α.	Full Name (Last, First, Middle Initial) MARIA KENNEDY			Date of Receipt						
	Mailing Address 1149 Court Street NE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City	State	Zip Code	Transaction ID: 11408839						
	Salem	OR	97301-4030	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		10.00						
	Name of Employer	Occupation	า	7						
	Associated Oregon Industr- ies	Director of	of Marketing							
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Primary General		230.00	1						
	Other (specify)	0 0								
В.	Full Name (Last, First, Middle Initial) Lou Ann Racher			Date of Receipt						
	Mailing Address P.O. Box 12042			M M / D D / Y Y Y Y 1 1 0 1 2005						
	City	State	Zip Code	Transaction ID: 11142116						
	Columbus	OH	43212-0042	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		50.00						
	Name of Employer Ohio AHU	Occupation Insurance								
	Receipt For:		Year-to-Date ▼	_						
	Primary General	33 - 3		1						
	Other (specify) v	0 0	300.00							
с.	Full Name (Last, First, Middle Initial) Stephen W Graeber			Date of Receipt						
	Mailing Address PO Box 40			M M / D D / Y Y Y Y 11 02 2005						
	City	State	Zip Code	Transaction ID: 11409752						
	Redlands	CA	92373-0007	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		500.00						
	Name of Employer Occupa Davis & Graeber Insurance			7						
	Services In Receipt For:	Insurance	e Agent e Year-to-Date ▼	_						
	Primary General	Ayyreyale		1						
	Other (specify) ▼	0 0	500.00							
s	UBTOTAL of Receipts This Page (optional)		······	560.00						
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т	OTAL This Period (last page this line number or	nly)								

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Sta for commercial purposes, other than using the r								
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) National Association of Health Underwr								
A.	Full Name (Last, First, Middle Initial) Patrick L McGohan Mailing Address 3931 South Dixie Drive	Date of Receipt							
		Stata	Zin Codo						
	City Davton	State OH	Zip Code 45439-2313	Transaction ID: 11147170 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Name of Employer McGohan/Brabender Inc.	Occupatio Insuranc							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]					
В.	Full Name (Last, First, Middle Initial) Sue M. Larson	ue Suite I	2	Date of Receipt					
	Mailing Address 1025 North Dutton Aver	iue, Suite E	5	1 1 0 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: 11152447					
	Santa Rosa	CA	95401-5072	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		365.00					
	Name of Employer Sue Larson Financial Serv- ices	Occupatio Insuranc	e Agent						
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 365.00]					
с.	Full Name (Last, First, Middle Initial) David Stratton			Date of Receipt					
	Mailing Address 6927 Old Seward Highw	vay Suite 2	202	M M / D D / Y Y Y Y 111 15 / 2005					
	City Anchorage	State AK	Zip Code 99518-2284	Transaction ID: 11409751 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		200.00					
	Lincoln Einchaid Advisoro		n g Agent						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00]					
s	SUBTOTAL of Receipts This Page (optional)								
Т	OTAL This Period (last page this line number o	nly)							

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 75 / 226 (check only one)						
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17						
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full)									
\geq	National Association of Health Underwr	iters PAC (HUPAC)							
Α.	Full Name (Last, First, Middle Initial) CYNTHIA H. DOUCET			Date of Receipt						
	Mailing Address P. O. Box 91180			1 1 1 1 0 0 7 Y Y Y Y 1 1 1 1 1 0 1 0 1 0 1 0 0 0 0 0 0 0 0 0						
	City	State	Zip Code	Transaction ID: 11153736						
	Lafayette	LA	70509-1180	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		20.00						
	Name of Employer Global Financial Resources	Occupatio								
	Inc. Receipt For:	Insurance Aggregate	e Agent e Year-to-Date V	_						
	Primary General	riggrogaio	· · · · · · · · · · · · · · · · · · ·	1						
	Other (specify) v	0 0	290.00							
в.	Full Name (Last, First, Middle Initial) JACKIE L. SPRAGINS			Date of Receipt						
	Mailing Address PO Box 2073			M M / D D / Y Y Y Y 11 1 16 2005						
	City	State	Zip Code	Transaction ID: 11153321						
	Wichita Falls	ТХ	76307-2073	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		22.00						
	Name of Employer Spragins Insurance Agency	Occupation Insurance								
	Receipt For:	Aggregate	e Year-to-Date ▼							
	Other (specify)		272.00	1						
		0 0	0 0 0 0 0 0 0	1						
с.	Full Name (Last, First, Middle Initial) Randolph J. Ayers			Date of Receipt						
	Mailing Address 4151 Executive Pkwy S	Suite 210		M M / D D / Y Y Y Y 11 1 17 2005						
	City	State	Zip Code	Transaction ID: 11153821						
	Westerville	OH	43081-3872	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		365.00						
	Name of Employer National United Brokers	Occupation Insurance								
			e Year-to-Date V							
	Primary General		535.00	1						
	Other (specify)	0 0								
s	 UBTOTAL of Receipts This Page (optional)			407.00						
Т	OTAL This Period (last page this line number or	nly)								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 226 (check only one)
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwri	ters PAC ((HUPAC)	_
A.	Full Name (Last, First, Middle Initial) TERRI D ADAMS			Date of Receipt
	Mailing Address PO Box 1290			1 1 ^D 3 0 ^Y <u>Y Y Y</u> <u>Y</u> <u>Y</u>
	City	State	Zip Code	Transaction ID: 11409604
	Prairieville	LA	70769-1290	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Benefit Strategies	Occupation Insurance		
	Receipt For:		e Year-to-Date V	
	Primary General		440.00	1
	Other (specify)	0 0	440.00	
в.	Full Name (Last, First, Middle Initial) KEERRY D ALDRIDGE			Date of Receipt
	Mailing Address 1501 N. Limestone, Suit	e 100		M M / D D / Y Y Y Y 11 30 2005
	City	State	Zip Code	Transaction ID: 11409725
	Lexington	KY	40505-3200	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer CKBS Insurance Group	Occupation Insurance		-
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	900.00]
	Full Name (Last, First, Middle Initial) Terry Allard			Date of Receipt
•.	Mailing Address 3000 A Street Suite 400)		1 1 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 11409737
	Anchorage	AK	99501-5148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer The Wilson Agency LLCOccupation InsuranceReceipt For:Aggregate			
			e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	220.00]
s	UBTOTAL of Receipts This Page (optional)			140.00
Т	OTAL This Period (last page this line number or	ıly)		-

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Sta	atements ma	Use separate schedule(s) or each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 77 / 226 (check only one) 11a X 11a 11b 13 14 15 16 17 on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) National Association of Health Underwr			solicit contributions from such committee.				
A.	Full Name (Last, First, Middle Initial) RICK BAILEY Mailing Address 4390 Farney Road Suit	to 040		Date of Receipt				
	Mailing Address 4390 Earney Road Suit	State	Zip Code	11 30 2005				
	Woodstock	GA	30188-5687	Transaction ID: 11408951 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C						
	Name of Employer Rick Bailey & Company In- c. Receipt For:	Occupation Insurance Aggregate		-				
	Primary General Other (specify) ▼		220.00]				
в.	Full Name (Last, First, Middle Initial) THOMAS R BELDING Mailing Address 10917 Old River Trail			Date of Receipt				
				11 30 2005				
	City	State	Zip Code	Transaction ID: 11409724				
	Edmond	OK	73013-8382	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		20.00				
	Name of Employer Professional Reinsurance	Occupatio Presiden						
	Marketing Ser Receipt For:		e Year-to-Date 🔻	_				
	Primary General Other (specify) ▼		320.00]				
с.	Full Name (Last, First, Middle Initial) BRUCE D BENTON			Date of Receipt				
	Mailing Address 19528 Ventura Bouleva	rd # 596		M M / D D / Y Y Y Y Y 11 1 30 2005				
	City Tarzana	State CA	Zip Code 91356-2917	Transaction ID: 11409709 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		25.00				
	Name of Employer Genesis SmithBenton Insur- ance & Financ Receipt For: Primary General Other (specify) v	Occupation Insurance Aggregate]				
⊢	SUBTOTAL of Receipts This Page (optional)							

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 78 / 226						
	•		Use separate schedule(s) or each category of the	(check only one)						
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17						
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
\mathbb{N}	NAME OF COMMITTEE (In Full)									
$\langle \rangle$	National Association of Health Underwr	iters PAC ((HUPAC)							
Α.	Full Name (Last, First, Middle Initial) SHAWN F BRASHEARS			Date of Receipt						
	Mailing Address 110 Old Padonia Road	Suite 201		M M / D D / Y Y Y Y 11 1 30 2005						
	City	State	Zip Code	Transaction ID: 11409655						
	Cockeysville	MD	21030-4949	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		20.00						
	Name of Employer Compensation Concepts	Occupation Insurance								
	Receipt For:		e Year-to-Date V	_						
	Primary General		000.00							
	Other (specify)	0 0	220.00							
в.	Full Name (Last, First, Middle Initial) ELEANOR M BROCKHURST			Date of Receipt						
	Mailing Address 1212 East Osborn Road	d Suite 110)	M M / D D / Y Y Y Y 111 30 2005						
	City	State	Zip Code	Transaction ID: 11409741						
	Phoenix	AZ	85014-5533	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		20.00						
	Name of Employer Brockhurst & Associates	Occupatio	n	-						
	Brockhurst & Associates Inc.	Insuranc	e Agent							
	Receipt For:	Aggregate	e Year-to-Date 🔻							
	Other (specify) ▼		240.00							
<u>с.</u>	Full Name (Last, First, Middle Initial) SARAH GUNTER-CANEZ			Date of Receipt						
	Mailing Address 7700 Broadway #201 19921 FM 2252 (zip is 7	78266)		M M / D D / Y Y Y Y 111 30 2005						
	City	State	Zip Code	Transaction ID: 11409575						
	San Antonio	TX	78266	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		20.00						
	Name of Employer EFGI Insurance & Bonds	Occupation Principal	n /Steve Jamison							
	Receipt For:	Aggregate	e Year-to-Date 🔻	1						
	Primary General		220.00							
	Other (specify)		220.00							
s	UBTOTAL of Receipts This Page (optional)			60.00						
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					FO	FOR LINE NUMBER: PAGE 79 / 226							
SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the		(check only one)								
ITEMIZED RECEIPTS			Detailed Summary		Х	X 11a 11b 11c 12							
			,	Ŭ		13		14		15		16	17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used b dress of any political co	y any persor ommittee to s	n for t solici	the pur t contril	pose butic	e of so ons fro	olicitir om su	ng cor uch co	ntribu ommi	utions ittee.	i
\mathbb{N}	NAME OF COMMITTEE (In Full)												
\mathbb{Z}	National Association of Health Underwri	ters PAC (HUPAC)										
Α.	Full Name (Last, First, Middle Initial) Richard P Coburn					Date o	f Re	ceipt					
	Mailing Address 19 Minor Court					м м 11		3	D /	Y	2	0 [°] 0	
	City	State	Zip Code		-	Transa	ctio	n ID:	114	0959	92		
	San Rafael	CA	94903-3716		-	Amour	nt of	Each	Rece	eipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	C										10.0	0
	Name of Employer Word & Brown	Occupation Insurance											
	Receipt For:		Year-to-Date V										
	Primary General			10.00									
	Other (specify)	0 0		210.00									
в.	Full Name (Last, First, Middle Initial) Susan E Cook					Date o	f Re	ceipt					
	Mailing Address 3495 Piedmont Road, N 9 Piedmont Center	E				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City	State	-	Transaction ID: 11409620									
	Atlanta	GA	30305-1773		-	Amour	nt of	Each	Rece	eipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	C								 		50.0	0
	Name of Employer Kaiser Permanente	Occupation											
			e Agent e Year-to-Date V		_								
	Receipt For: Primary General	Aggregate	rear-lo-Dale V										
	Other (specify) ▼	0 0	5	585.00									
<u></u>	Full Name (Last, First, Middle Initial) Thomas J Daniels				╈	Date o	f Re	ceipt					
	Mailing Address 120 Wood Avenue South	h, Suite 30	0			м м 11		D	D /	Y		ч 0 0 9	
	City	State	Zip Code		-	Transaction ID: 11408986							
	Iselin	NJ	08830-2709		_	Amour	nt of	Each	Rece	eipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	C										20.0	0
	Name of Employer Occupation WellChoice Insurance Receipt For: Aggregate Primary General				1								
			e Year-to-Date V		-								
	Other (specify)	0 0	2	220.00									
s	UBTOTAL of Receipts This Page (optional)			►								80.0	0
	OTAL This Period (last page this line number or												
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9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 80 / 226				
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)				
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 In for the purpose of soliciting contributions solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	National Association of Health Underwr	iters PAC (HUPAC)					
Α.	Full Name (Last, First, Middle Initial) ROSEMARY DEININGER			Date of Receipt				
	Mailing Address 12801 N. Central Expre	ssway Sui	te	M M / D D / Y Y Y Y 11 1 30 2005				
	City	State	Zip Code	Transaction ID: 11409578				
	Dallas	TX	75243-1741	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		30.00				
	Name of Employer Waldman Brothers	Occupation		7				
	Receipt For:	Account Aggregate	e Year-to-Date V	-				
	Primary General Other (specify) ▼		340.00]				
В.	Full Name (Last, First, Middle Initial) SHARON DICORATO			Date of Receipt				
	Mailing Address 801 Pine Street Suite 4	G1		M M / D D / Y Y Y Y 1 1 30 2005				
	City	State	Zip Code	Transaction ID: 11409672				
	Chattanooga	TN	37402-2520	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		10.00				
	Name of Employer Blue Cross Blue Shield of	Occupation	n , Individual Sales					
	TN Receipt For:	· ·	Year-to-Date ▼	-				
	Primary General Other (specify) ▼		290.00]				
	Full Name (Last, First, Middle Initial)							
C.	JOAN L GALLETTA Mailing Address 3342 Kori Road			Date of Receipt				
	City	State	Zip Code	Transaction ID: 11408934				
	Jacksonville	FL	32257	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		20.00				
	Name of Employer JP Perry Insurance, Inc.	Occupation Insurance		1				
	Receipt For:	Aggregate	e Year-to-Date V					
	Other (specify)	0 0	220.00					
6	UBTOTAL of Receipts This Page (optional)			60.00				
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FEC Schedule A (Form 3X) Rev. 02/2003

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IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) National Association of Health Underwri	ters PAC ((HUPAC)	
A.	Full Name (Last, First, Middle Initial) GERARD GERSHONOWITZ			Date of Receipt
	Mailing Address 980 Broadway Suite 60	8		1 1 3 0 Y Y Y Y 1 1 1 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 11409004
	Thornwood	NY	10594-1313	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer Morrell Consulting Group	Occupatio		
	Inc. Receipt For:	Insurance Aggregate	e Agent e Year-to-Date V	_
	Primary General Other (specify) ▼		770.00]
в.	Full Name (Last, First, Middle Initial) CAROLYN L GOODWIN			Date of Receipt
	Mailing Address 4959 Mill Run Rd.			1 1 / ^D D / <u>Y</u> Y Y Y 2 0 0 5
	City	State	Zip Code	Transaction ID: 11409577
	Dalls	ТХ	75244-6004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer CBIZ Benefits & Insurance	Occupatio		
	Services Receipt For:	Insurance Aggregate	e Agent e Year-to-Date V	_
	Primary General Other (specify) ▼		335.00]
<u></u> .	Full Name (Last, First, Middle Initial) STEPHEN A GRIM			Date of Receipt
	Mailing Address P O Box 1105			M M / D D / Y Y Y Y 11 1 30 / 2005
	City Virginia Beach	State VA	Zip Code 23451-0105	Transaction ID: 11409532
	FEC ID number of contributing		23431-0103	Amount of Each Receipt this Period
	federal political committee.	C		80.00
	Name of Employer Mid-Atlantic Agency Inc.	Occupation Presiden	t	
	Receipt For: Primary General Other (specify) \bigtriangledown	Aggregate	e Year-to-Date ▼ 800.00]
s	UBTOTAL of Receipts This Page (optional)			180.00
Т	OTAL This Period (last page this line number or	וע)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	tements may	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17					
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) National Association of Health Underwri	ters PAC ((HUPAC)						
Α.	Full Name (Last, First, Middle Initial) CYNTHIA GULDY			Date of Receipt					
	Mailing Address 2026 Yonkee Drive			1 1 3 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: 11408994					
	Windsor	CO	80550	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		20.00					
	Name of Employer New York Life Insurance	Occupatio							
	Receipt For:	Insurance Aggregate	e Agent e Year-to-Date V	_					
	Primary General Other (specify) ▼		220.00]					
в.	Full Name (Last, First, Middle Initial) CRISTY RUSSELL GUPTO			Date of Receipt					
	Mailing Address 357 Sanford Drive			1 1 3 0 Y Y Y Y 1 1 1 3 0 1 Y Y Y Y					
	City	State	Zip Code	Transaction ID: 11409721					
	Morganton	NC	28655	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer Flexible Benefit Manageme- nt	Occupation Insurance							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00]					
<u>с.</u>	Full Name (Last, First, Middle Initial) WALTER T HALE			Date of Receipt					
	Mailing Address 211 East Church Street			M M / D D / Y Y Y Y 111 30 2005					
	City	State	Zip Code	Transaction ID: 11408992					
	Morrilton	AR	72110-3419	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		20.00					
	Name of Employer Hawkins Insurance Agency		n e Agent						
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 220.00]					
s	SUBTOTAL of Receipts This Page (optional)								
Т	OTAL This Period (last page this line number or	וע)							

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 83 / 226						
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)						
Any information copied from such Reports and Statements may			Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17							
Ar or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
\rangle	National Association of Health Underwri	ters PAC (HUPAC)							
Α.	Full Name (Last, First, Middle Initial) Christopher S. Harrison			Date of Receipt						
	Mailing Address 921-C South McPherson	n Church R	load	1 1 / 3 0 / Y Y Y Y 1 1 / 3 0 / 2 0 0 5						
	City	State	Zip Code	Transaction ID: 11409711						
	Fayetteville	NC	28303-5368	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		100.00						
	Name of Employer Ebenconcepts Company	Occupation								
		Insurance	-							
	Receipt For: Primary General	Aggregate	e Year-to-Date V							
	Other (specify)		1160.00							
в.	Full Name (Last, First, Middle Initial) THOMAS M HARTE			Date of Receipt						
	Mailing Address 20 Mary E. Clark Drive #	#10		M M / D D / Y Y Y Y 111 30 2005						
	City	State	Zip Code	Transaction ID: 11409734						
	<u>Hampstead</u>	NH	03841-2292	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		80.00						
	Name of Employer Landmark Benefits Inc.	Occupation								
		Insurance	0							
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻							
	Other (specify) ▼	0 0	980.00							
с.	Full Name (Last, First, Middle Initial) JON W HICKS			Date of Receipt						
	Mailing Address 3620 Mountainside Drive	e		M M / D D / Y Y Y Y 1 1 30 2005						
	City	State	Zip Code	Transaction ID: 11409639						
	Colorado Springs	CO	80918	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		20.00						
	Name of Employer Hicks Benefit Group	Occupation Insurance								
	Receipt For: Age		e Year-to-Date 🔻							
	Primary General Other (specify) ▼		310.00]						
6	UBTOTAL of Receipts This Page (optional)			200.00						
Ľ			••••••							
т	OTAL This Period (last page this line number or	חly)								

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 84 / 226 (check only one)						
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12						
	y information copied from such Reports and Sta									
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and add	aress of any political committee to	solicit contributions from such committee.						
$\left \right\rangle$	National Association of Health Underwri	ters PAC (HUPAC)							
Α.	Full Name (Last, First, Middle Initial) MATT B HOLCOMB			Date of Receipt						
	Mailing Address Nine Piedmont Center 3495 Piedmont Road			M M / D D / Y Y Y Y 11 1 30 2005						
	City	State	Zip Code	Transaction ID: 11408930						
	Atlanta	GA	30305-1733	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		20.00						
	Name of Employer Kaiser Permanente	Occupation								
	Receipt For:	Insurance Aggregate	e Agent e Year-to-Date V	_						
	Primary General Other (specify)		220.00]						
в.	Full Name (Last, First, Middle Initial) Kathleen A. Hughes			Date of Receipt						
	Mailing Address 13513 Arlington Road			M M / D D / Y Y Y Y 11 1 30 2005						
	City	State	Zip Code	Transaction ID: 11409673						
	Norwalk	OH	44857-9626	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		25.00						
	Name of Employer Benefit Solutions	Occupation Insurance								
	Receipt For:		e Year-to-Date V							
	Primary General Other (specify) ▼	0 0	250.00]						
<u>с.</u>	Full Name (Last, First, Middle Initial) RANDY JOPPIE			Date of Receipt						
	Mailing Address Collins and Associates 5075 Cascade Road SE			M M / D D / Y Y Y Y 1 1 1 30 2005						
	City Belding	State MI	Zip Code	Transaction ID: 11409591						
	FEC ID number of contributing		48809	Amount of Each Receipt this Period						
	federal political committee.	C		100.00						
	Name of Employer Collins & Associates Corp- oration	Occupation Director	n of Employee Benefits							
	Receipt For:		Year-to-Date ▼							
	 Primary General Other (specify) ▼ 	0 0	1140.00]						
s	UBTOTAL of Receipts This Page (optional)			145.00						
T	OTAL This Period (last page this line number or	רוא)	· · · · · · · · · · · · · · · · · · ·							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 226 (check only one) X X 11a 11b 11c 12			
	y information copied from such Reports and Sta for commercial purposes, other than using the r						
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full)		,				
	National Association of Health Underwr						
Α.	Full Name (Last, First, Middle Initial) MARK KENNEDY			Date of Receipt			
	Mailing Address 1173 Brittmoore Road			1 1 3 0 Y Y Y Y 1 1 1 3 0 2 0 0 5			
	City	State	Zip Code	Transaction ID: 11409013			
	Houston	ТХ	77043-5003	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer Benefit Concepts Inc.	Occupation Insurance					
	Receipt For:	Aggregate	e Year-to-Date V				
	Primary General Other (specify) ▼		880.00]			
в.	Full Name (Last, First, Middle Initial) MIKE KETRON			Date of Receipt			
	Mailing Address 417 Washington Street			1 1 / 3 0 / Y Y Y Y 1 1 1			
	City	State	Zip Code	Transaction ID: 11409608			
	Columbus	IN	47201-6757	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer SIHO	Occupation Insurance					
	Receipt For:		e Year-to-Date V	_			
	Primary General Other (specify) ▼		240.00]			
<u>с.</u>	Full Name (Last, First, Middle Initial) ROSS W KRAFT			Date of Receipt			
	Mailing Address 41 Notre Dame Lane			M M / D D / Y Y Y Y 1 1 30 2005			
	City	State	Zip Code	Transaction ID: 11409009			
	Utica	NY	13502	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer Meridian Group of New Yor- k, Inc.	Occupation Presiden	t				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 880.00]			
s	UBTOTAL of Receipts This Page (optional)			180.00			
Т	TOTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 86 / 226
			Use separate schedule(s) or each category of the	(check only one)
п	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
	Any information conied from such Reports and Statements may		, ,	13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.		
∇	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri	iters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) Jessica Lagusch	Date of Receipt		
	Mailing Address 445 Hutchinson Avenue	Suite 240)	M M / D D / Y Y Y Y 11 30 2005
	City	State	Zip Code	Transaction ID: 11409562
	Columbus	OH	43235-8617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer UnumProvident	Occupation	n Consultant	
	Receipt For:		e Year-to-Date V	
	Primary General			1
	Other (specify)		220.00	
_	Full Name (Last, First, Middle Initial)			
в.	Lance M. Ledbetter	1000 00F		Date of Receipt
	Mailing Address 10800 Alpharetta Hwy #			1 1 / 3 0 / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
	City	State	Zip Code	Transaction ID: 11409705
	Roswell	GA	30076-1490	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer	Occupatio	n	
	MJL Benefit Communications Inc.	Insuranc	e Agent	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	220.00]
<u> </u>	Full Name (Last, First, Middle Initial) RONALD M LEVINE			Date of Receipt
	Mailing Address 4037 Jordan Lake Place	9		M M / D D / Y Y Y Y 111 30 2005
	City	State	Zip Code	Transaction ID: 11409657
	Marietta	GA	33602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer ARINSO International	Occupation	n sident of Sales, SE	
	Receipt For:		e Year-to-Date V	-1
	Primary General	00 - 0		1
	Other (specify)	0.0	340.00	
s	UBTOTAL of Receipts This Page (optional)		·····	70.00
\vdash	,			-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) CHERYL LOMBARDI			Date of Receipt
	Mailing Address 1331 North California B	lvd, Ste 30		M M / D D / Y Y Y Y 11 30 2005
	City Walnut Creek	State CA	Zip Code 94596-4536	Transaction ID: 11408942 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Claremont Insurance Servi- ces	Occupatio Insuranc		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 900.00]
в.	Full Name (Last, First, Middle Initial) JUAN LOPEZ			Date of Receipt
	Mailing Address 200 N. Lewis Street			M M / D D / Y Y Y Y Y 1 1 30 2005
	City	State	Zip Code	Transaction ID: 11409556
	Orange	CA	92868-1538	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kaiser Permanente	Occupatio Manager		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 330.00]
	Full Name (Last, First, Middle Initial) SUSAN TULLIS LUVISI			Date of Receipt
	Mailing Address 1665 San Marco Boulev	vard		1 1 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 11409727
	Jacksonville	FL	32207-3001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer James F. Tullis & Associa- tes, Inc.	Occupatio Insuranc	e Agent	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 220.00]
s	UBTOTAL of Receipts This Page (optional)			130.00

▶

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17			
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements ma name and ad	↓ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwr						
A.	Full Name (Last, First, Middle Initial) MAURICE LYONS Mailing Address 301 Madison Avenue 4	th Floor		Date of Receipt			
				11 30 2005			
	City	State	Zip Code	Transaction ID: 11408939			
	New York FEC ID number of contributing federal political committee.	C	10017-8103	Amount of Each Receipt this Period 80.00			
	Name of Employer The Medical Link Inc.	Occupatio Presiden		-			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 660.00				
в.	Full Name (Last, First, Middle Initial) LINDA MACKEY			Date of Receipt			
	Mailing Address PO Box 1001			1 1 / D D / Y Y Y Y 1 1 1 3 0 2 0 0 5			
	City	State	Zip Code	Transaction ID: 11409597			
	Tyrone	GA	30290-1001	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		10.00			
	Name of Employer Linda Mackey Insurance	Occupatio Insuranc					
	Inc Receipt For: Primary General Other (specify) ▼	-	e Year-to-Date ▼ 300.00]			
с.	Full Name (Last, First, Middle Initial) DALE W MALONEY			Date of Receipt			
	Mailing Address 125 South Swoope Ave	nue Suite	210	1 1 / D D / Y Y Y Y 1 1 1 3 0 2 0 0 5			
	City	State	Zip Code	Transaction ID: 11408923			
	Maitland FEC ID number of contributing federal political committee.	FL C	32751-5784	Amount of Each Receipt this Period			
	Name of Employer Benefits Division Inc.	Occupatio Insuranc					
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 1160.00]			
s	UBTOTAL of Receipts This Page (optional)			190.00			
Т	TOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 89 / 226 (check only one)				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12				
Ar	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions				
	for commercial purposes, other than using the r							
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC (
\square								
Α.	Full Name (Last, First, Middle Initial) KENNY MASON			Date of Receipt				
	Mailing Address 1224 South River Road	, Suite A-20	03	1 1 3 0 2 0 0 5				
	City	State	Zip Code	Transaction ID: 11409733				
	Saint George	UT	84790-8318	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		20.00				
	Name of Employer Southern Utah Insurance	Occupation						
	Receipt For:	Insurance	e Agent e Year-to-Date ▼					
	Primary General	Aggregate	· · · · · · · · · · · · · · · · · · ·	1				
	Other (specify)	0 0	220.00					
в.	Full Name (Last, First, Middle Initial) DONNA MCCRIGHT			Date of Receipt				
	Mailing Address 4851 LBJ Freeway Ste	1100		M M / D D / Y Y Y Y 1 1 30 2005				
	City	State	Zip Code	Transaction ID: 11409682				
	Dallas	TX	75244-6004	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		20.00				
	Name of Employer BenefitMall	Occupation	n Iministration Supervisor					
	Receipt For:	1	e Year-to-Date V					
	Other (specify)		220.00	1				
		0 0	0 0 0 0 0 0 0	1				
C.	Full Name (Last, First, Middle Initial) RYAN R MCDERMOTT			Date of Receipt				
	Mailing Address 883 West Baxter Drive			M M / D D / Y Y Y Y 1 1 30 2005				
	City	State	Zip Code	Transaction ID: 11409558				
	South Jordan	UT	84095-8506	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		20.00				
	Name of Employer McDermott Company & Assoc-	Occupation Insurance						
	iates Receipt For:		e Year-to-Date V	_				
	Primary General		220.00	1				
	Other (specify)	0 0						
s	UBTOTAL of Receipts This Page (optional)			60.00				
т	TOTAL This Period (last page this line number only)							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underw	riters PAC	(HUPAC)	
<u>А</u> .	Full Name (Last, First, Middle Initial) REINE MORRIS		Date of Receipt	
	Mailing Address P. O. Box 1271			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11409539
	Portland FEC ID number of contributing federal political committee.	OR C	97207-1271	Amount of Each Receipt this Period
	Name of Employer Regence BlueCross BlueShi- eld Receipt For: Primary General Other (specify) ▼		n Representative e Year-to-Date 220.00]
В.	Full Name (Last, First, Middle Initial) CAROLYNNE MULDOON Mailing Address 457 Main Street			Date of Receipt
	City	State	Zip Code	
	Longmont	CO	80501-5534	Transaction ID: 11409584 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Milestone Insurance Agency	Occupatio Owner	n	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00]
<u></u>	Full Name (Last, First, Middle Initial) RON J NEZAT			Date of Receipt
	Mailing Address PO Box 91180			M M / D D / Y Y Y Y 1 1 30 2005
	City Lafavette	State LA	Zip Code 70509-1180	Transaction ID: 11409574
	FEC ID number of contributing federal political committee.	C	70309-1180	Amount of Each Receipt this Period
	Name of Employer Global Financial Resources Inc.	Occupatio Insuranc		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00]
s	UBTOTAL of Receipts This Page (optional)			60.00
Т	OTAL This Period (last page this line number of	only)		

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Sta			
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) National Association of Health Underwri			solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) NICHOLAS A OGDEN Mailing Address PO Box 3725 City	State	Zip Code	Date of Receipt $ \begin{array}{c c} $
	Wilmington FEC ID number of contributing federal political committee.	NC C	28409-8134	Amount of Each Receipt this Period 20.00
	Name of Employer David Hill and Associates, INC Receipt For: Primary General Other (specify) ▼	Occupatio Insuranc Aggregate]
В.	Full Name (Last, First, Middle Initial) STEVE PAOLUCCI Mailing Address 2305 W. Berry Avenue			Date of Receipt
	City Littleton FEC ID number of contributing federal political committee.	State CO	Zip Code 80120-1177	Transaction ID: 11409675 Amount of Each Receipt this Period 25.00
	Name of Employer Paolucci Financial Servic- es Receipt For: Primary General Other (specify) ▼	Occupatio Insuranc Aggregate]
C.	Full Name (Last, First, Middle Initial) ROBERT P POLI Mailing Address 6101 Executive Bouleva	rd Suite 1	2	Date of Receipt
	City Rockville FEC ID number of contributing federal political committee.	State MD	Zip Code 20852-3907	1 1 3 0 2 0 0 5 Transaction ID: 11408998 Amount of Each Receipt this Period 20.00
	Name of Employer Insurance Marketing Center Inc. Receipt For: Primary General Other (specify) ▼	Occupatio Insuranc Aggregate		
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number or			65.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 92 / 226 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Faye	
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscillations oscillations from such committee.
∇	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) SUSAN MALEY_RASH			Date of Receipt
	Mailing Address 2108 West Laburnum A	venue Sui	te 3	1 1 30 Y Y Y Y 1 1 1 30 2005
	City	State	Zip Code	Transaction ID: 11409001
	Richmond	VA	23227-4300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer BB&T Benefit Consultants of Virginia	Occupation		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	950.00]
в.	Full Name (Last, First, Middle Initial) MARK C RILEY			Date of Receipt
	Mailing Address PO Box 1635			1 1 3 0 Y Y Y Y 1 1 1 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 11408935
	Irmo	SC	29063	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Benefit Services	Occupation Insurance		_
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	220.00]
	Full Name (Last, First, Middle Initial) ALINE ROBERTS			Date of Receipt
	Mailing Address 3537 Old Conejo Rd., S	Ste. 114		M M / D D / Y Y Y Y 1 1 30 2005
	City	State	Zip Code	Transaction ID: 11409646
	Newbury Park	CA	91320-6189	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Insurance Dimensions	Occupation Insurance		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1035.00]
s	 UBTOTAL of Receipts This Page (optional)			155.00
Т	OTAL This Period (last page this line number o	only)		

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 93 / 226 (check only one)				
IT	ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions				
∇	NAME OF COMMITTEE (In Full)							
\mathbb{Z}	National Association of Health Underwri	ters PAC (HUPAC)					
A.	Full Name (Last, First, Middle Initial) WILLIAM D ROBINSON			Date of Receipt				
	Mailing Address 739 East Jackson Street	t		1 1 3 0 Y Y Y Y 1 1 1 3 0 2 0 0 5				
	City	State	Zip Code	Transaction ID: 11409019				
	Martinsville	IN	46151-2033	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		20.00				
	Name of Employer American Community Mutual Insurance	Occupation Insurance		-				
	Receipt For:		Year-to-Date V					
	Primary General Other (specify) ▼	0 0	300.00]				
в.	Full Name (Last, First, Middle Initial) MEL A SCHLESINGER			Date of Receipt				
	Mailing Address PO Box 30100			M M M / D D / Y Y Y Y Y 1 1 30 2005				
	City	State	Zip Code	Transaction ID: 11409684				
	Winston Salem	NC	27130-0100	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		85.00				
	Name of Employer The Rainmakers Group Inc.	Occupation Insurance						
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General Other (specify) ▼	0 0	660.00					
<u>с.</u>	Full Name (Last, First, Middle Initial) JAMES D SCHULZ			Date of Receipt				
	Mailing Address 7101 S. 82nd St.			M M / D D / Y Y Y Y 1 1 / 30 2005				
	City	State	Zip Code	Transaction ID: 11409706				
	Lincoln	NE	68516-6574	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		80.00				
	Name of Employer Midlands Financial Benefi- ts	Occupation Insurance						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 880.00]				
s	UBTOTAL of Receipts This Page (optional)			185.00				
Т	TOTAL This Period (last page this line number only)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Lies concrete achadula(a)		FOR LINE NUMBER: PAGE 94/226 (check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions		
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) THOMAS SHORES			Date of Receipt
	Mailing Address 8596 W Bolsa Ct.			M M / D D / Y Y Y Y 111 30 2005
	City	State	Zip Code	Transaction ID: 11409022
	Boise	ID	83709-5196	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer T.A. Shores Inc.	Occupation Business	n Growth Specialist	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	230.00]
в.	Full Name (Last, First, Middle Initial) Bob G Shupe			Date of Receipt
	Mailing Address PO Box 2344			M M / D D / Y Y Y Y 111 30 2005
	City	State	Zip Code	Transaction ID: 11408968
	Brentwood	TN	37024-2344	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer ESP Inc	Occupation Insurance		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)	0 0	460.00	
c.	Full Name (Last, First, Middle Initial) DEWAYNE SIMPSON			Date of Receipt
	Mailing Address 11503 Rocky Valley Dr			M M / D D / Y Y Y Y 11 30 2005
	City	State	Zip Code	Transaction ID: 11408972
	Little Rock	AR	72212-3035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer AFLAC	Occupation Insurance		
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼		220.00	
s	UBTOTAL of Receipts This Page (optional)			80.00
Т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 95 / 226 (check only one)		
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12		
			Detailed Summary Page			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of soliciting contributions oslicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)					
\rangle	National Association of Health Underwr	iters PAC (HUPAC)			
Α.	Full Name (Last, First, Middle Initial) ANNE P SPERLING			Date of Receipt		
	Mailing Address 25 Antigua Road			1 1 / D D / Y Y Y Y 1 1 / 30 / 2005		
	City	State	Zip Code	Transaction ID: 11408932		
	Santa Fe	NM	87508-2201	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer Daniels Insurance Inc.	Occupation Employe	n e Benefits Manager	_		
	Receipt For:		Year-to-Date ▼			
	Primary General		550.00	1		
	Other (specify) ▼	0 0	550.00			
в.	Full Name (Last, First, Middle Initial) CAROL STEELE			Date of Receipt		
	Mailing Address 1000 South Cleveland-N	Massillon R	d	M M M / D D / Y Y Y Y 1 1 3 0 2 0 0 5		
	City	State	Zip Code	Transaction ID: 11409583		
	Akron	OH	44333-9204	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer Benefit Designs Inc.	Occupation Insurance		_		
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General		420.00	1		
	Other (specify) 🔻	0 0				
C.	Full Name (Last, First, Middle Initial) JULIA M STEVERSON			Date of Receipt		
	Mailing Address PO Box 2008			M M / D D / Y Y Y Y 11 30 2005		
	City	State	Zip Code	Transaction ID: 11408940		
	Fallon	NV	89407-2008	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer Western Nevada Insurance	Occupation	n			
	Services, Inc Receipt For:	Agent	e Year-to-Date V	_		
	Primary General	7 iggi ogaio		1		
	Other (specify)	0 0	220.00]		
s	LUBTOTAL of Receipts This Page (optional)		······	70.00		
	OTAL This Period (last page this line number o					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 96 / 226
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EMIZED RECEIPIS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.		
Ν	NAME OF COMMITTEE (In Full)			
\langle	National Association of Health Underwr	iters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) Paul D. Taylor			Date of Receipt
	Mailing Address 5007 Carriage Drive Su	ite G-1		M M / D D / Y Y Y Y 11 1 30 2005
	City	State	Zip Code	Transaction ID: 11409540
	Roanoke	VA	24018-1937	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Taylor Insurance	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General			1
	Other (specify)		220.00	
				-
в.	Full Name (Last, First, Middle Initial) Donald B. Thompson			Date of Receipt
	Mailing Address 9700 Ormsby Station R	d. #200		M M / D D / Y Y Y Y 11 1 30 2005
	City	State	Zip Code	Transaction ID: 11408962
	Louisville	KY	40223-4207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Thompson Associates Inc.	Occupation Insurance		-
	Receipt For:		e Year-to-Date V	_
	Primary General	Aggregate		1
	Other (specify)	0 0	1650.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) DANIEL R TOMPKINS, JR			Date of Receipt
	Mailing Address PO Box 1810			M M / D D / Y Y Y Y 111 30 2005
	City	State	Zip Code	Transaction ID: 11408978
	Roswell	GA	30077-1810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer	Occupatio	n	-1
	Name of Employer Admin America	Insuranc		
	Receipt For:	-	e Year-to-Date V	
	Primary General	30 - 3-		1
	Other (specify) 🔻		330.00	
				*
9	UBTOTAL of Receipts This Page (optional)			200.00
F				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 97 / 226 (check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Summary Fage	13 14 15 16 17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r						
\sum	NAME OF COMMITTEE (In Full)						
\geq	National Association of Health Underwr	iters PAC ((HUPAC)				
Α.	Full Name (Last, First, Middle Initial) Eric S. Townsend			Date of Receipt			
	Mailing Address 1658 Presto Avenue			1 1 ^M ^M ^J ^D ^D ^J ^Y			
	City	State	Zip Code	Transaction ID: 11409557			
	Indianapolis	IN	46224-5640	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			20.00			
	Name of Employer Mutual of Omaha	Occupation Insurance					
	Receipt For:		e Year-to-Date V	_			
	Primary General		040.00	1			
	Other (specify)	0 0	240.00				
в.	Full Name (Last, First, Middle Initial) ALBERT J TRAVASOS			Date of Receipt			
	Mailing Address 2255 Glades Road, Suit	te 420A		M M / D D / Y Y Y Y 1 1 30 2005			
	City	State	Zip Code	Transaction ID: 11408938			
	Boca Raton	FL	33431-7379	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			45.00			
	Name of Employer John Hancock	Occupation Insurance					
	Receipt For:		e Year-to-Date V				
	Primary General		450.00	1			
	Other (specify) v	0 0					
C.	Full Name (Last, First, Middle Initial) WENDY VANDERWATER			Date of Receipt			
	Mailing Address 515 West Southwest Lo	op 323		M M / D D / Y Y Y Y 1 1 30 2005			
	City	State	Zip Code	Transaction ID: 11409536			
	Tyler	TX	75701-9455	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Threlkeld & Company Insur-	Occupation Insurance					
	ance Receipt For:		e Year-to-Date V				
	Primary General	_	270.00	1			
	Other (specify)						
s	UBTOTAL of Receipts This Page (optional)			90.00			
Т	OTAL This Period (last page this line number o	nly)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 98 / 226 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions oscillations oscillations from such committee.				
\sum	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	National Association of Health Underwr					
Α.	Full Name (Last, First, Middle Initial) PETER VINTON			Date of Receipt		
	Mailing Address 9480 Deereco Road			1 1 ^M ^A 3 0 ^Y 2 0 0 5		
	City	State	Zip Code	Transaction ID: 11409000		
	Timonium	MD	21093-2102	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		80.00		
	Name of Employer Corporate Coverage LLC	Occupation Insurance		-		
	Receipt For:	-	e Year-to-Date V	_		
	Primary General	1 1	880.00	1		
	Other (specify)	0 0				
в.	Full Name (Last, First, Middle Initial) M HUGHES WAREN			Date of Receipt		
	Mailing Address P.O. Box 7661			M M M / D D / Y Y Y Y Y 1 1 30 2005		
	City		Zip Code	Transaction ID: 11409726		
	Wilmington	NC	28406-7661	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		40.00		
	Name of Employer Ebenconcepts Inc.	Occupation Insurance				
	Receipt For:	Aggregate	e Year-to-Date V			
	Primary General		480.00	1		
	Other (specify)	0 0	0 0 0 0 0 0 0	1		
C.	Full Name (Last, First, Middle Initial) JOHN L WARWICK			Date of Receipt		
	Mailing Address PO Box 272 1907 B Mangrove Ave.			1 1 3 0 Y Y Y Y 1 1 1 3 0 2 0 0 5		
	City	State	Zip Code	Transaction ID: 11409616		
	Chico	CA	95927-0272	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		85.00		
	Name of Employer John Warwick Insurance	Occupation Insurance		-		
	Receipt For:		e Year-to-Date V			
	Primary General		975.00	1		
	Other (specify)					
s	UBTOTAL of Receipts This Page (optional)			205.00		
Т	OTAL This Period (last page this line number or	nly)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 226 (check only one) 11a X 11a 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwri	ters PAC (HUPAC)	
<u>А.</u>	Full Name (Last, First, Middle Initial) Amy R. Webb			Date of Receipt
	Mailing Address 7 E. Main Street Suite 200			M M / D D / Y Y Y Y 1 1 30 2005
	City State Moorestown NJ		Zip Code	Transaction ID: 11408965
	Moorestown NJ		08057-3831	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Saratoga Benefit Services	Occupation		
	LLC. Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	Ayyreyale		1
	Other (specify)	0 0	220.00	
в.	Full Name (Last, First, Middle Initial) DAVID B WILLS			Date of Receipt
	Mailing Address 902 Brynwood Dr			M M / D D / Y Y Y Y 1 1 30 2005
	City	State	Zip Code	Transaction ID: 11408985
	Chattanooga	TN	37415-3306	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			30.00
	Name of Employer D. B. Wills & Co.	Occupation President		
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	330.00]
<u></u>	Full Name (Last, First, Middle Initial) STEVEN L WILSON			Date of Receipt
	Mailing Address 1151 Red Mile Road			M M / D D / Y Y Y Y 1 1 30 2005
	City	State	Zip Code	Transaction ID: 11409598
	Lexington	KY	40504-2645	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C Name of Employer Benefit Insurance Marketing Occupation Insurance ng Receipt For: Aggregate Primary General General			50.00
			Year-to-Date ▼	
	Other (specify) ▼	0 0	570.00	
s	UBTOTAL of Receipts This Page (optional)		••••••	100.00
т	OTAL This Period (last page this line number or	ıly)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 100 / 226					
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)					
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$					
	y information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of soliciting contributions							
$\overline{\mathbf{n}}$	NAME OF COMMITTEE (In Full)								
	National Association of Health Underwr	iters PAC (HUPAC)						
<u>́</u> А.	Full Name (Last, First, Middle Initial) STEVEN L WILSON			Date of Receipt					
	Mailing Address 1151 Red Mile Road			M M / D D / Y Y Y Y Y 11 1 30 2005					
	City	State	Zip Code	Transaction ID: 11409599					
	Lexington	KY	40504-2645	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.			20.00					
	Name of Employer Benefit Insurance Marketi- ng	Occupation Insurance							
	Receipt For:		Year-to-Date ▼	_					
	Primary General Other (specify) ▼		590.00]					
В.	Full Name (Last, First, Middle Initial) STEPHEN J WOOLSTON			Date of Receipt					
	Mailing Address 525 East 100 South Su	iite 200		M M / D D / Y Y Y Y 1 1 30 2005					
	City	State	Zip Code	Transaction ID: 11408973					
	Salt Lake City	UT	84102-2067	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		20.00					
	Name of Employer GBS Benefits Inc.	Occupation Insurance							
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General Other (specify) ▼		220.00]					
 C.	Full Name (Last, First, Middle Initial) DENNY WRIGHT			Date of Receipt					
	Mailing Address 111 East Ludwig Road	Suite 108		M M / D D / Y Y Y Y 1 1 30 2005					
	City	State	Zip Code	Transaction ID: 11409023					
	Fort Wayne	IN	46825-4240	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		10.00					
	Name of Employer IntraHealth Solutions In- c.		n t						
	Receipt For: Primary General Other (specify) ▼	Aggregate	960.00]					
s	UBTOTAL of Receipts This Page (optional)			50.00					
T	TOTAL This Period (last page this line number only)								

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 101 / 226 (check only one)		
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Outninary Page	13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of soliciting contributions o solicit contributions from such committee.				
\mathbb{N}	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	National Association of Health Underwi					
A.	Full Name (Last, First, Middle Initial) DENNY WRIGHT			Date of Receipt		
	Mailing Address 111 East Ludwig Road			1 1 3 0 Y Y Y Y Y 1 1 3 0 2 0 0 5		
	City	State	Zip Code	Transaction ID: 11409543		
	Fort Wayne	IN	46825-4240	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. Name of Employer IntraHealth Solutions In- Pre			80.00		
				_		
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General		1040.00	1		
	Other (specify) 🔻	0 0				
в.	Full Name (Last, First, Middle Initial) Robert J Bishop			Date of Receipt		
	Mailing Address 2785 East Desert Inn R	d. #134		M M M / D D / Y Y Y Y 1 1 30 2005		
	City	State	Zip Code	Transaction ID: 11408983		
	Las Vegas	NV	89121-3623	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		84.00		
	Name of Employer KIA Insurance	Occupation Insurance		_		
	Receipt For:	-	e Year-to-Date ▼			
	Primary General		924.00	1		
	Other (specify) v	0 0				
C.	Full Name (Last, First, Middle Initial) WILLIAM J BRANNON			Date of Receipt		
	Mailing Address 7 Terrace Way Suite C			M M M / D D / Y Y Y Y 1 1 30 2005		
	City Greensboro	State NC	Zip Code 27403-3666	Transaction ID: 11408943		
	FEC ID number of contributing		27403-3000	Amount of Each Receipt this Period		
	federal political committee.	C		25.00		
	Name of Employer Group US Inc.	Occupation Insurance				
	Receipt For:		e Year-to-Date ▼			
	Primary General		275.00	1		
	Other (specify) 🔻	0 0				
s	UBTOTAL of Receipts This Page (optional)			189.00		
Т	OTAL This Period (last page this line number o	only)				

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r						
\sum	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	National Association of Health Underwr						
A.	Full Name (Last, First, Middle Initial) DOROTHY M COCIU			Date of Receipt			
	Mailing Address P.O. Box 1941			1 1 / 3 0 / Y Y Y Y 1 1 1 / 3 0 / 2 0 0 5			
	City	State	Zip Code	Transaction ID: 11408953			
	Big Bear Lake	CA	92315-1941	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer Advanced Benefit Consulti-	Occupatio	n	_			
	ng & Insuranc	Insuranc	•				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻				
	Other (specify)	0 0	880.00				
в.	Full Name (Last, First, Middle Initial) CAROL A CUTTER			Date of Receipt			
	Mailing Address 624 Griffin Road Suite	В		1 1 3 0 Y Y Y Y 1 1 3 0 1 1 1 3 0 1 1 1 1 1 1 1 1 1 1 1			
	City	State	Zip Code	Transaction ID: 11409623			
	Indianapolis	IN	46227-8504	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.			40.00			
	Name of Employer Indiana Dept. of Insurance	Occupatio Insuranc		_			
	Receipt For:	_	e Year-to-Date V				
	Primary General Other (specify) ▼		460.00]			
<u></u>	Full Name (Last, First, Middle Initial) RUSH DAVID DIXON			Date of Receipt			
	Mailing Address 1375 Piccard Drive			M M / D D / Y Y Y Y 111 30 2005			
	City	State	Zip Code	Transaction ID: 11409693			
	Rockville	MD	20850-4311	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Early Cassidy and Schilli- ng VP of		nployee Benefits				
	Receipt For:	Aggregate	e Year-to-Date 🔻	_			
	Primary General Other (specify) ▼]					
s	LUBTOTAL of Receipts This Page (optional)		······	220.00			
	TOTAL This Period (last page this line number only)						

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	atements ma	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 103 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions 100 100 100			
	for commercial purposes, other than using the in NAME OF COMMITTEE (In Full)						
	National Association of Health Underwr	riters PAC	(HUPAC)				
Α.	Full Name (Last, First, Middle Initial) STEVEN H DODDER			Date of Receipt			
	Mailing Address PO Box 2069			1 1 ^D ^D ^D ^Y ^Y ^Y ^Y ^Y ^Y			
	City	State	Zip Code	Transaction ID: 11409571			
	Monument CO		80132-2069	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer Time Insurance/Assurant	Occupatio					
	Health	Ŭ	Sales Director				
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻				
	Other (specify)	0 0	670.00				
в.	Full Name (Last, First, Middle Initial) MICHAEL A EMBRY, SR			Date of Receipt			
	Mailing Address 20700 Civic Center Driv	ve Suite 25	5	M M / D D / Y Y Y Y 11 30 2005			
	City	State	Zip Code	Transaction ID: 11409676			
	Southfield	MI	48076-4133	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer Comerica Insurance Servic-	Occupatio					
	es Inc. Receipt For:		oup Benefits Division e Year-to-Date ▼	_			
	Primary General Other (specify) ▼		270.00]			
<u>с.</u>	Full Name (Last, First, Middle Initial) Wesley Foster			Date of Receipt			
	Mailing Address 411 Copper Circle			M M / D D / Y Y Y Y 111 30 2005			
	City	State	Zip Code	Transaction ID: 11409707			
	Argyle	TX	76226-7333	Amount of Each Receipt this Period			
	Receipt For: Ag			20.00			
			e Agent				
			e Year-to-Date 🔻	_			
	Other (specify) ▼	0 0	220.00]			
s	UBTOTAL of Receipts This Page (optional)			90.00			
Т	TOTAL This Period (last page this line number only)						

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such							
$\left[\right]$	NAME OF COMMITTEE (In Full)						
\mathbb{Z}	National Association of Health Underwr						
Α.	Full Name (Last, First, Middle Initial) CHARLES T GARTLAN			Date of Receipt			
	Mailing Address PO Box 1268			M M / D D / Y Y Y Y 1 1 30 2005			
	City	State	Zip Code	Transaction ID: 11409668			
	Toms River	NJ	08754-1268	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		40.00			
	Name of Employer BenefitPort LLC	Occupatio Insuranc		_			
	Receipt For:	-	e Year-to-Date V	_			
	Primary General Other (specify) ▼		490.00]			
в.	Full Name (Last, First, Middle Initial) RICHARD R GIRDLER, JR			Date of Receipt			
	Mailing Address 113 Seaboard Lane Su	ite C-170		M M / D D / Y Y Y Y 1 1 30 2005			
	City	State	Zip Code	Transaction ID: 11408924			
	Franklin	TN 37067-8281		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Cowan Benefit Services Inc.	Occupatio Insuranc					
	Receipt For:	Aggregate	e Year-to-Date V				
	Primary General Other (specify) ♥		275.00]			
<u></u>	Full Name (Last, First, Middle Initial) GERALD G HARTMAN			Date of Receipt			
	Mailing Address 1487 S. David Lane PO Box 5716			M M / D D / Y Y Y Y 1 1 / 30 2005			
	City	State	Zip Code	Transaction ID: 11409653			
	Boise	ID	83705-0716	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		15.00			
			n e Agent				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00]			
s	UBTOTAL of Receipts This Page (optional)			80.00			
Т	OTAL This Period (last page this line number o	nly)					

SCHEDULE A (FEC Form	i 3X)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 226 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Report or for commercial purposes, other than u	Any information copied from such Reports and Statements may not be sold or used by any persor or for commercial purposes, other than using the name and address of any political committee to								
NAME OF COMMITTEE (In Full) National Association of Health	Underwriters PAC (HUPAC)							
Full Name (Last, First, Middle Initial) A. SHEILA HARTMAN			Date of Receipt						
Mailing Address 21700 Oxnard	St. #1270		M M / D D / Y Y Y Y 11 30 2005						
City Woodland Hills	State CA	Zip Code 91367-3669	Transaction ID: 11409581 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		100.00						
Name of Employer Financial Independence Co- mpany Receipt For: Primary General Other (specify) ▼	Occupatio Insuranc Aggregate]						
B. Full Name (Last, First, Middle Initial) HUGH R HENDRICKSON Mailing Address 1019 Pacific Av	re. Suite 1110		Date of Receipt						
City Tacoma	State WA	Zip Code 98402-4468	1 1 3 0 2 0 0 5 Transaction ID: 11409717 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		20.00						
Name of Employer Strategic Employee Benefit Services Receipt For: Primary General Other (specify) ▼	Occupatio Insuranc Aggregate]						
Full Name (Last, First, Middle Initial) C. W. RICHARD HERD			Date of Receipt						
Mailing Address 883 West Baxte	er Drive		M M / D D / Y Y Y Y 1 1 30 2005						
City South Jordan	State UT	Zip Code 84095-8506	Transaction ID: 11409671 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		20.00						
Name of Employer McDermott Company & Asso- ciates Inc. Receipt For:		n e Benefits & Pensions e Year-to-Date ▼	_						
Primary General Other (specify) ▼		220.00]						
SUBTOTAL of Receipts This Page (op	tional)		140.00						

FEC Schedule A (Form 3X) Rev. 02/2003

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwi	riters PAC ((HUPAC)	
<u> </u>	Full Name (Last, First, Middle Initial) JAIME D HERNANDEZ Mailing Address 804 S. Bel Aire Drive			Date of Receipt
				11 30 2005
	City	State	Zip Code	Transaction ID: 11409006
	Burbank FEC ID number of contributing federal political committee.	CA	91501-1522	Amount of Each Receipt this Period
	Name of Employer Jardez Financial & Insura- nce Inc. Receipt For: Primary General Other (specify) ▼	Occupatio Insuranc Aggregate		1
в.	Full Name (Last, First, Middle Initial) Sheri S Hokin	0 0		Date of Receipt
	Mailing Address 3330 Dundee Road Su	iite C-3		1 1 3 0 Y Y Y Y 1 1 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 11408941
	Northbrook	IL	60062-2328	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Hokin Sternberg Insurance Services	Occupatio Insuranc		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) DAVID S JOHNSON			Date of Receipt
	Mailing Address P. O. Box 871129			M M / D D / Y Y Y Y 11 30 2005
	City Stone Mountain	State GA	Zip Code 30087-0029	Transaction ID: 11409005 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer David S. Johnson Insurance	Occupatio Account	n Executive	
_	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 690.00	
s	UBTOTAL of Receipts This Page (optional)			120.00
Т	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 226 (check only one) 11a X 11a 11b 11c 12
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underw	riters PAC	(HUPAC)	
Α.	Full Name (Last, First, Middle Initial) SANDRA JOHNSON Mailing Address 12500 Network Blvd #	403		Date of Receipt
		400		11 30 2005
	City Stat San Antonio TX		Zip Code	Transaction ID: 11409659
	FEC ID number of contributing federal political committee.	C	78249-3310	Amount of Each Receipt this Period
	Name of Employer Hairston Johnson & Assoc- iates PLLC	Occupatio Insuranc	e Agent	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00]
в.	Full Name (Last, First, Middle Initial) ROY W KERN			Date of Receipt
	Mailing Address 1722 S Glenstone Ave P.O. Box 10906 GS		7. 0. 1	1 1 / D D / Y Y Y Y 1 1 3 0 / 2 0 0 5
	City Springfield	State MO	Zip Code 65804-1516	Transaction ID: 11409674 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Roy W Kern & Associates	Occupatio Insuranc		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date V 220.00]
с.	Full Name (Last, First, Middle Initial) ROBERT M LAY			Date of Receipt
	Mailing Address 3112 Forest Avenue			M M / D D / Y Y Y Y Y 1 1 30 2005
	City Fort Worth	State TX	Zip Code 76112-7002	Transaction ID: 11409553 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Occ Lay & Williams Insurance Ins		e Agent	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 275.00]
s	UBTOTAL of Receipts This Page (optional)			70.00
Т	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 108 / 226		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
			Detailed Summary Page			
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
\sum	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	National Association of Health Underwrit	HUPAC)				
Α.	Full Name (Last, First, Middle Initial) MICHAEL E MATZNICK			Date of Receipt		
	Mailing Address PO Box 38248 3300 Battleground Ave. #	#200 (274	1	1 1 3 0 Y Y Y Y 1 1 1 3 0 2 0 0 5		
	City State		Zip Code	Transaction ID: 11409710		
	Greensboro NC		27438-8248	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		85.00		
	Name of Employer Occup EbenConcepts Company					
	Receipt For:	Insurance	e Agent e Year-to-Date V	_		
	Primary General	Ayyreyale		1		
	Other (specify)	0 0	315.00			
в.	Full Name (Last, First, Middle Initial) LESLIE E MCGERR			Date of Receipt		
	Mailing Address 6125 Havelock Avenue			M M / D D / Y Y Y Y 1 1 30 2005		
	City	State	Zip Code	Transaction ID: 11409731		
	Lincoln	NE	68507-1234	Amount of Each Receipt this Period 20.00		
	FEC ID number of contributing federal political committee.	C				
	Name of Employer Les McGerr & Company	Occupation				
	Receipt For:	Insurance Aggregate	e Year-to-Date V	-		
	Primary General	7.99.094.0		1		
	Other (specify)		220.00			
с.	Full Name (Last, First, Middle Initial) PATRICIA MILLER			Date of Receipt		
	Mailing Address PO Box 8357			M M / D D / Y Y Y Y 1 1 30 2005		
	City	State	Zip Code	Transaction ID: 11409735		
	Tyler	ТХ	75711-8357	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. C Name of Employer Hibbs-Hallmark & Company Occ			20.00		
			n e Agent			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00			
				125.00		
s	UBTOTAL of Receipts This Page (optional)		•••••			
т	OTAL This Period (last page this line number on	ly)				
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 109 / 226		
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ITEMIZED RECEIPTS			or each category of the	(check only one)		
			Detailed Summary Page	13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)					
\rangle	National Association of Health Underwri					
Α.	Full Name (Last, First, Middle Initial) LINDA J NEW	Date of Receipt				
	Mailing Address P. O. Box 28543			1 1 / 3 0 / Y Y Y Y 1 1 1 / 3 0 / 2 0 0 5		
	City	State	Zip Code	Transaction ID: 11409688		
	Austin	TX	78755-8543	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer New Insurance Benefits	Occupation Insurance				
	Receipt For:	Aggregate	Year-to-Date 🔻			
	Primary General Other (specify) ▼	U U U	240.00]		
В.	Full Name (Last, First, Middle Initial) Peggy Olson			Date of Receipt		
	Mailing Address P O Box 14725			M M / D D / Y Y Y Y 11 30 2005		
	City	State	Zip Code	Transaction ID: 11409619		
	Portland	OR	97293-0725	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		15.00		
	Name of Employer Healthwise Insurance Plan- ning	Occupation Insurance				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	215.00]		
<u></u>	Full Name (Last, First, Middle Initial) JESSE A PATTON			Date of Receipt		
	Mailing Address 2175 NW 86th Street S	uite 14		M M / D D / Y Y Y Y 111 30 2005		
	City	State	Zip Code	Transaction ID: 11409719		
	Des Moines	IA	50325-5557	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		225.00		
	Name of Employer Associations Marketing Gr- oup Inc.	Occupation CEO/Pre				
	Receipt For:	Aggregate	e Year-to-Date 🔻	_		
	Other (specify)		2475.00]		
s	LUBTOTAL of Receipts This Page (optional)		·····	260.00		
T	OTAL This Period (last page this line number or	nly)	······			

Ary Information copied from such Reports and Statements may not be sold or used by any parsen for the purpose of soliding contributions from such committee. NAME OF COMMITTEE (in Full) National Association of Health Underwriters PAC (HUPAC) Full Name (Last, First, Middle Initial) Ary Information copied from such Reports and States of any policial committee is solid to contributions from such committee. Mailing Address 4640 Woodbridge Drive City State Zip Code Kernersville NC 27264.8850 FEC. ID number of contributing frederal policial committee. Occupation Primary General Occupation Primary General 210.00 B. JAMRES PrixCE, III Maling Address State Mailing Address 5709 North West Avenue Virtual State City State Zip Code Freano CA gargrate Vari-to-Date V Primary General City Receipt Frei Aggragate Vari-to-Date V Tamaaction ID: 11408980 Are cord Free; Aggragate Vari-to-Date V Tamaaction ID: 11408980 Primary General Occupation Tamaaction ID: 11408980 Rec	IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 226 (check only one) 11a X 11a 11b 11c 12 I 13 14 15 16 17				
National Association of Health Underwriters PAC (HUPAC) A. WilLudit PENNINGTON Mailing Address 4640 Woodbridge Drive City State Zp Code Premington Sectores NC 27284-8850 FEC ID number of contributing rederal political committee. Occupation Participation Aggregate Variable Sectores Date of Receipt Mailing Address 5709 North West Avenue Transaction ID: 11409844 Mailing Address 5709 North West Avenue Occupation President and Chief Executive Officer Participation Date of Receipt B. JAMES E PRICE, III Mailing Address 5709 North West Avenue Date of Receipt City State Zip Code Transaction ID: 11408980 Feesion CA 93711-2365 Transac	Ar or	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
A. WILLMAM H PENNINGTON Date of Receipt Mailing Address 4640 Woodbridge Drive Image: State 2 p Code City State 2 p Code Transaction ID: 11409644 Kernersville NC 2224-8850 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Period President and Chief Executive Officer President and Chief Executive Officer Aggregate Year-to-Date ▼ President and Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt B. JAMES E PRICE, III Date of Receipt Mailing Address 5709 North West Avenue Transaction ID: 11409864 Fres No CA 93711/2866 Fres No CA 93711/2866 Fres Associates Insurance Agent Aggregate Year-to-Date ▼ Prime Primary General Occupation Insurance Agent Receipt For: Preprimary General Date of Receipt Mailing Address 400 East Wisconsin Avenue # 200 Insurance Agent Aggregate Year-to-Date ▼ Mailing Address 400 East Wisconsin Avenue # 200 Insurance Agent Amount of Each Receipt this Period Mailing Address 400 East Wisconsin Avenue # 200 <th>$\left \right\rangle$</th> <th>. ,</th> <th>HUPAC)</th> <th></th>	$\left \right\rangle$. ,	HUPAC)						
City State Zp Code Kernersville NC 27284-8850 FEC ID number of contributing C Amount of Each Receipt Isine Penningtion Associates Inc. President and Chief Executive Officer Receipt For: Agregate Year-to-Date ▼ Dther (specify) ▼ 210.00 B. JAMES E PRICE, III Date of Receipt Mailing Address 5709 North West Avenue City State Zp Code Fresno CA 93711-2366 FEC ID number of contributing C Annunt of Each Receipt Isine Mailing Address 400 East Wisconsin Avenue Agregate Year-to-Date ▼ Price Associates Insurance Services I Aggregate Year-to-Date ▼ Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 400 East Wisconsin Avenue # 200 Date of Receipt City State Zp Code Transaction ID: 11408980 Mailing Address 400 East Wisconsin Avenue # 200 Date of Receipt Mailing Address 400 East Wisconsin Avenue # 200 Transaction ID: 11408991 Mailing Address 400 East Wisconsin Avenue # 200 <th>́А.</th> <th></th> <th></th> <th></th> <th>Date of Receipt</th>	́А.				Date of Receipt				
Kernersville NC 27284-8850 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 20.00 Name of Employer Pennington Associates Inc. President and Chief Executive Officer Aggregate Year-to-Date ▼ Date of Receipt B. JAMES E PRICE, III Added Initial) Date of Receipt for: 1 0 0.00 Date of Receipt Mailing Address 5709 North West Avenue Transaction ID: 11408980 Amount of Each Receipt is Period FEC ID number of contributing federal polical committee. C 93711-2366 Amount of Each Receipt is Period FEC ID number of contributing federal polical committee. C 11408980 Amount of Each Receipt is Period Name of Employer Price Associates Insurance Services. C 000.00 Amount of Each Receipt is Period C. JONG RAUGER Occupation Insurance Agent Mailing Address 400 East Wisconsin Avenue # 200 Date of Receipt 11408980 Mailing Address 400 East Wisconsin Avenue # 200 Transaction ID: 11408980 Amount of Each Receipt is Period FEC ID number of contributing federal policial committee. C Transaction ID: 11408980 Amount of Each Receipt is Period Mailing Address 400 East Wisconsin Avenue # 200 Transaction ID: 11408980 Amount of Each R		Mailing Address 4640 Woodbridge Drive							
FEC ID number of contributing federal policical committee. C 20.00 Name of Employer Pennington Associates Inc. Occupation President and Chief Executive Officer 210.00 B. JAMES E PRICE, III Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 5709 North West Avenue C 11 1 1 0 0 0 City State Zip Code FEC ID number of contributing federal political committee. C Tansaction ID: 11408980 Amount of Each Receipt Free Associates Insurance Services I Occupation Insurance Agent Date of Receipt Name of Engloyer Price Associates Insurance Services Occupation Insurance Agent Tansaction ID: 11408980 Full Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Date of Receipt City State Zip Code Tansaction ID: 11408980 Amount of Each Receipt For: Services I Aggregate Year-to-Date ▼ Date of Receipt Mailing Address 400 East Wisconsin Avenue # 200 Tansaction ID: 11408991 Amount of Each Receipt ID: 11408991 Milwaukkee WI 53202-4499 Tansaction ID: 11408991 Milwaukke WI 53202-4499 Tansaction ID: 11408991 Amount of Each Receipt In: Insurance Agent Insurance		City		Zip Code	Transaction ID: 11409644				
tederal political committee. C		Kernersville	NC	27284-8850	Amount of Each Receipt this Period				
Pennington Associates Inc. President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Chier (specify) ▼ 210.00 Full Name (Last, First, Middle Initial) Date of Receipt JAMES E PRICE, III Mailing Address 5709 North West Avenue Date of Receipt City State Zip Code FEC. ID number of contributing federal political committee. C 100.00 Name of Employer Occupation Insurance Agent Receipt For: Other (specify) ▼ 1000.00 C Jong Charles Wisconsin Avenue # 200 Insurance Agent Mailing Address 400 East Wisconsin Avenue # 200 Date of Receipt City State Zip Code Mailing Address 400 East Wisconsin Avenue # 200 Insurance Agent Mailing Address 400 East Wisconsin Avenue # 200 Aggregate Year-to-Date ▼ City State Zip Code Milwaukee W1 53202-4499 Meent for: Occupation 170.00 Period Occupation 170.00 Name of Employer Occupation 170.00 Mailer Adgreser Agenery Inc. Aggregate Year-to-Dat			C		20.00				
Primary General 210.00 B. JAMESE FPRICE, III Date of Receipt Mailing Address 5709 North West Avenue 11 ' 30 ' 2005 City State Zip Code FEC ID number of contributing federal political committee. C Amount of Each Receipt Name of Employer Price Associateds Insurance Services 1 Occupation Insurance Agent Aggregate Year-to-Date ▼ Date of Receipt C. JON C RAUSER Mailing Address General Other (specify) ▼ Date of Receipt Mailing Address 400 East Wisconsin Avenue # 200 1000.00 City State Zip Code Insurance Agent Mailing Address 400 East Wisconsin Avenue # 200 Date of Receipt City State Zip Code Insurance Agent Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Int Mailing Address 400 East Wisconsin Avenue # 200 City State Zip Code Insurance Agent Amount of Each Receipt this Period Int Mailing Address Price Associates Agency Inc. C C Int Mailing Address Aggregate Year-to-Date ▼ Mailing Address 4000 East Wisconsin Avenue Int Siggregate Year-to-Date ▼		Name of Employer Pennington Associates Inc.	Presiden	t and Chief Executive Officer					
B. JAMES E PRICE, III Date of Receipt Mailing Address 5709 North West Avenue City State Zip Code Fresno CA 93711-2366 FEC ID number of contributing federal political committee. C Amount of Each Receipt This Period Name of Employer Occupation Insurance Agent Aggregate Year-to-Date ▼ Primary General 1000.00 Date of Receipt Mailing Address 400 East Wisconsin Avenue # 200 Mm / 0 0 0 / 2 0 0.5 City State Zip Code Mm / 0 0 0 / 2 0 0.5 Full Name (Last, First, Middle Initial) Date of Receipt Mm / 0 3 0 / 2 0 0.5 City State Zip Code Mm / 0 3 0 / 2 0 0.5 Mailing Address 400 East Wisconsin Avenue # 200 Mm / 0 3 0 / 2 0 0.5 City State Zip Code Transaction ID: 11408991 Milwaukee WI 53202-4499 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Insurance Agent Aggregate Year-to-Date ▼ Name of Employer Aggregate Year-to-Date ▼ 1290.00 1290.00 170.00 <th></th> <th>Primary General</th> <th>Aggregate</th> <th>· · · · · · · · · · · · · · · · · · ·</th> <th>]</th>		Primary General	Aggregate	· · · · · · · · · · · · · · · · · · ·]				
City State Zip Code Fresno CA 93711-2366 FEC ID number of contributing federal political committee. C 11 30 2.0.0.5 Name of Employer Price Associates Insurance Services I C 100.00 Amount of Each Receipt this Period Primary General Occupation Insurance Agent 1000.00 Insurance Agent Receipt For: Aggregate Year-to-Date ▼ 000.00 Date of Receipt Full Name (Last, First, Middle Initial) C J000.00 Insurance Agent C. JON C RAUSER Mailing Address 400 East Wisconsin Avenue # 200 Date of Receipt Milwaukee WI 53202-4499 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C Insurance Agent Name of Employer The Rauser Agency Inc. Occupation Insurance Agent 1290.00 Name of Employer The Rauser Agency Inc. Aggregate Year-to-Date ▼ 170.00 Primary General 1290.00 200.0	в.				Date of Receipt				
Fresno CA 93711-2366 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 100.00 Name of Employer Occupation Insurance Agent Price Associates Insurance Insurance Agent Aggregate Year-to-Date ▼ Other (specify) ▼ General 1000.00 C. JON C RAUSER Date of Receipt Mailing Address 400 East Wisconsin Avenue # 200 Insurance Agent Milwaukee W1 53202-4499 FEC ID number of contributing federal political committee. C Name of Employer Occupation Insurance Agent Mailing Address Aggregate Year-to-Date ▼ Milwaukee W1 53202-4499 FEC ID number of contributing federal political committee. C Name of Employer Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Insurance Agent Aggregate Year-to-Date ▼ 1290.00		Mailing Address 5709 North West Avenu	Ie						
FEC ID number of contributing federal political committee. C 100.00 Name of Employer Price Associates Insurance Services I Occupation Insurance Agent 100.00 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt C. JON C RAUSER Date of Receipt 111 00.00 Date of Receipt Mailing Address 400 East Wisconsin Avenue # 200 111 00.00 0 0 0 0 0 City State Zip Code Transaction ID: 11408991 Milwaukee WI 53202-4499 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Insurance Agent Aggregate Year-to-Date ▼ 170.00 Name of Employer The Rauser Agency Inc. Occupation Insurance Agent Insurance Agent 200.00 Quiter (specify) ▼ Aggregate Year-to-Date ▼ 1290.00 200.00		City		Zip Code	Transaction ID: 11408980				
federal political committee. C 100.00 Name of Employer Price Associates Insurance Services I Occupation Insurance Agent Aggregate Year-to-Date ▼ Beceipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt C. JON C RAUSER Mailing Address 400 East Wisconsin Avenue # 200 Date of Receipt City State Zip Code Milwaukee WI 53202-4499 FEC ID number of contributing federal political committee. Occupation Insurance Agent Aggregate Year-to-Date ▼ Name of Employer The Rauser Agency Inc. Occupation Insurance Agent Aggregate Year-to-Date ▼ 170.00 Primary General Other (specify) ▼ Occupation Insurance Agent 1290.00 200.00		Fresno	CA	93711-2366	Amount of Each Receipt this Period				
Price Associatés Insurance Insurance Agent Services I Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00 Full Name (Last, First, Middle Initial) Date of Receipt C. JON C RAUSER Date of Receipt Mailing Address 400 East Wisconsin Avenue # 200 City State Zip Code Milwaukee WI 53202-4499 FEC ID number of contributing federal political committee. Occupation Name of Employer Occupation The Rauser Agency Inc. Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1290.00			C		100.00				
Beceipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00 C. JON C RAUSER Date of Receipt Mailing Address 400 East Wisconsin Avenue # 200 City State Zip Code Milwaukee W1 53202-4499 FEC ID number of contributing federal political committee. C 170.00 Name of Employer Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ 1290.00		Price Associatés Insurance							
Primary General Other (specify) 1000.00 Full Name (Last, First, Middle Initial) Date of Receipt JON C RAUSER Date of Receipt Mailing Address 400 East Wisconsin Avenue # 200 11 1 City State Zip Code Milwaukee W1 53202-4499 FEC ID number of contributing federal political committee. C Name of Employer Occupation Insurance Agent Aggregate Year-to-Date ▼ Primary General 1290.00				•	_				
C. JON C RAUSER Date of Receipt Mailing Address 400 East Wisconsin Avenue # 200 Image: mail of the constraint of the		Primary General]				
City State Zip Code Milwaukee WI 53202-4499 FEC ID number of contributing federal political committee. C Name of Employer The Rauser Agency Inc. Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼	<u>с.</u>				Date of Receipt				
Milwaukee WI 53202-4499 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 170.00 Name of Employer The Rauser Agency Inc. Occupation Insurance Agent 170.00 Receipt For: Aggregate Year-to-Date ▼ 1290.00 Other (specify) ▼ 1290.00 290.00		Mailing Address 400 East Wisconsin Ave	enue #200)					
FEC ID number of contributing federal political committee. C 170.00 Name of Employer The Rauser Agency Inc. Occupation Insurance Agent Aggregate Year-to-Date ▼ Primary General 1290.00 290.00		•		•					
federal political committee. Image: Committee. Name of Employer The Rauser Agency Inc. Occupation Insurance Agent Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1290.00			WI	53202-4499	Amount of Each Receipt this Period				
Receipt For: Primary General Other (specify) ▼ 290.00 290.00			C		170.00				
Primary General Other (specify) ▼ 1290.00		Name of Employer The Rauser Agency Inc.	· ·						
Other (specify) ▼ 1290.00			Aggregate	e Year-to-Date 🔻					
SUBTOTAL of Receipts This Page (optional)			0 0	1290.00					
	s	UBTOTAL of Receipts This Page (optional)			290.00				

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 226 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
\sum	NAME OF COMMITTEE (In Full)			
\mathbf{V}	National Association of Health Underwrit			
Α.	Full Name (Last, First, Middle Initial) EDWARD ROLING			Date of Receipt
	Mailing Address 343 Six Forks Road			M M / D D / Y Y Y Y 11 30 2005
	City	State	Zip Code	Transaction ID: 11408970
	Raleigh	NC	27609-7800	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Delta Dental of North Car-	Occupation Insurance		
	olina Inc. Receipt For:		Year-to-Date V	_
	Primary General Other (specify) ▼		330.00]
в.	Full Name (Last, First, Middle Initial) FRANCIS A RUGGIERO			Date of Receipt
	Mailing Address 15 Kennedy Drive			M M / D D / Y Y Y Y 11 30 2005
	City	State	Zip Code	Transaction ID: 11409595
	Budd Lake	NJ	07828-1438	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer The Ruggiero Group LLC	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	460.00]
<u></u>	Full Name (Last, First, Middle Initial) RAYMER M SALE, JR			Date of Receipt
	Mailing Address P. O. Box 424420 1255 Lakes Pkwy Ste 12	20 Zip 300	04	M M / D D / Y Y Y Y 1 1 1 30 2005
	City	State	Zip Code	Transaction ID: 11408961
	Lawrenceville	GA	30042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer E2E Benefits Services In- c.	Occupation Insurance		
	Receipt For: Primary General Other (specify) ▼	Aggregate	9 Year-to-Date ▼ 1160.00]
s	UBTOTAL of Receipts This Page (optional)		•	170.00
Т	OTAL This Period (last page this line number on	ly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 112/226 (check only one) X X 11a 11b 11c	
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	/ not be sold or used by any perso tress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwrit			
Α.	Full Name (Last, First, Middle Initial) JON SIVERS			Date of Receipt
	Mailing Address 10731 Treena St. # 109			M M / D D / Y Y Y Y 111 30 2005
	City	State	Zip Code	Transaction ID: 11409650
	San Diego	CA	92131-1040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			20.00
	Name of Employer Occupatio BenefitPro Insurance Serv-			
	ices Inc. Receipt For:	Insurance	e Year-to-Date V	_
	Primary General Other (specify) ▼		220.00]
в.	Full Name (Last, First, Middle Initial) ROBERT C TRETTER			Date of Receipt
	Mailing Address 13016 Delmar Street			M M / D D / Y Y Y Y 111 30 2005
	City	State	Zip Code	Transaction ID: 11409538
	Leawood	KS	66209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Thomas McGee L.C.	Occupation Insurance		
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	260.00]
<u></u>	Full Name (Last, First, Middle Initial) THOMAS L VOITER			Date of Receipt
	Mailing Address 100 Amaryllis Drive			1 1 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 11409585
	Lafayette	LA	70503-3215	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
			e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	800.00]
s	UBTOTAL of Receipts This Page (optional)		·····	120.00
	OTAL This Period (last page this line number on			-

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 113 / 226 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Delaneu Summary Faye	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\mathbb{N}}$	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwri	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) GREG A YODER			Date of Receipt
	Mailing Address 1055 Minnesota Avenue			1 1 ^M ^A 3 0 ^Y ^Y ^Y ^Y ^Y ^Y
	City	State	Zip Code	Transaction ID: 11409645
	San Jose	CA	95125-2451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			100.00
	Name of Employer Ray Silva Insurance Assoc-	Occupation Insurance		
	iates Inc. Receipt For:		Year-to-Date V	-1
	Primary General			1
	Other (specify)	0 0	2100.00	
в.	Full Name (Last, First, Middle Initial) ROBERT A ZIFF			Date of Receipt
	Mailing Address 17 North Delmorr Avenu	e		M M / D D / Y Y Y Y 1 1 30 2005
	City	State	Zip Code	Transaction ID: 11409736
	Morrisville	PA	19067-6278	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Avanti Benefits Corp	Occupation President		
	Receipt For:	Aggregate	Year-to-Date V	
	Other (specify) ▼	0 0	1080.00]
 c.	Full Name (Last, First, Middle Initial) JOHN S HELMS			Date of Receipt
•	Mailing Address 2000 N 14th Street			1 1 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 11409746
	Arlington	VA	22201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.CName of Employer John Helms & AssociatesOcc Pres			25.00
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General Other (specify) ▼		275.00]
6	UBTOTAL of Receipts This Page (optional)			205.00
Ľ	CETTAL OF RECEIPES THIS Fage (Optional)		••••••	
т	OTAL This Period (last page this line number or	ıly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 226 (check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the n			on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwri			
Α.	Full Name (Last, First, Middle Initial) SHARON R ROSS			Date of Receipt
	Mailing Address 2000 N. 14th Street			M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5
	City	State	Zip Code	Transaction ID: 11409685
	Arlington	VA	22201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer United Healthcare	Occupation	n Isurance Agent	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		275.00]
в.	Full Name (Last, First, Middle Initial) MARIA KENNEDY			Date of Receipt
	Mailing Address 1149 Court Street NE			1 1 3 0 Y Y Y Y 1 1 1 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 11409700
	<u>Salem</u>	OR	97301-4030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Associated Oregon Industr- ies	Occupation	n of Marketing	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	240.00]
<u> </u>	Full Name (Last, First, Middle Initial) SUZY E. ALBERTS			Date of Receipt
-	Mailing Address 22101 Michigan Avenue			M M / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168389
	Dearborn	MI	48124-2204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Comerica Insurance Servic- es	Occupation Insurance		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00]
s	UBTOTAL of Receipts This Page (optional)			45.00
Т	OTAL This Period (last page this line number or	ıly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 115 / 226 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwri	iters PAC ((HUPAC)	
A.	Full Name (Last, First, Middle Initial) STEPHEN D. ANDERSEN			Date of Receipt
	Mailing Address 7101 S. 82nd St.			1 2 0 2 Y Y Y Y 1 2 0 5
	City	State	Zip Code	Transaction ID: 12168393
	Lincoln	NE	68516-6574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Midlands Financial Benefi-	Occupatio		
	ts Receipt For:	Insurance	e Agent e Year-to-Date V	
	Primary General Other (specify) ▼	Aggregate	400.00	1
	Full Name (Last, First, Middle Initial)			
в.	WILLIAM Chester ANDERSON Mailing Address 498 Palm Springs Drive	Suite 210)	Date of Receipt
				12 02 2005
	City	State	Zip Code	Transaction ID: 12168397
	Altamonte Springs	FL	32701-7805	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Benefit Port	Occupation	n g Representative	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		300.00	1
	Full Name / and First Addate Later			
C.	Full Name (Last, First, Middle Initial) KATHRYN Kathryn ANDERSON			Date of Receipt
	Mailing Address P. O. Box 7648			M M / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168395
	Tyler	TX	75711-7648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Strategies In Employee Be-	Occupation Insurance		
	nefits Inc. Receipt For:		e Agent e Year-to-Date V	_
	Primary General			1
	Other (specify)	0 0	350.00	
s	UBTOTAL of Receipts This Page (optional)			150.00
Т	OTAL This Period (last page this line number or	nly)		

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and add	dress of any political committee to	
\angle	National Association of Health Underwri Full Name (Last, First, Middle Initial)	ters PAC (HUPAC)	
Α.	Tracy Q Bradford Mailing Address 866 Ridgeway Loop Roa	ad Suite 2	00	Date of Receipt
				12 02 2005
	City Memphis	State TN	Zip Code 38120-4000	Transaction ID: 12168414 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Clay & Land Insurance, In- c.	Occupation Agent	n	
	Receipt For:	Aggregate	e Year-to-Date V	
	Other (specify) ▼	0 0	950.00]
в.	Full Name (Last, First, Middle Initial) RONALD S. BUFFUM			Date of Receipt
	Mailing Address 1000 Heritage Center Ci	rcle		M M / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168417
	Round Rock	TX	78664-4463	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer The Buffum Group	Occupation Insurance		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 390.00]
<u></u>	Full Name (Last, First, Middle Initial) TIMOTHY BYRNE			Date of Receipt
-	Mailing Address 3113 West Beltline High	way		M M / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168419
	Madison	WI	53713-2830	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Mortenson Matzelle & Mel- drum	Occupation Insurance		
	Receipt For: Primary General Other (specify) \blacksquare	Aggregate	e Year-to-Date ▼ 270.00]
s	UBTOTAL of Receipts This Page (optional)			135.00
Т	OTAL This Period (last page this line number or	וע)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 / 226 (check only one) 110 X 11a 11b 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) National Association of Health Underw	riters PAC	(HUPAC)	
Full Name (Last, First, Middle Initial) A. SHARON DICORATO			Date of Receipt
Mailing Address 801 Pine Street Suite 4G1			12 02 2005
City	State	Zip Code	Transaction ID: 12168441
Chattanooga	TN	37402-2520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Blue Cross Blue Shield of TN	Occupatio Manager	n , Individual Sales	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 310.00]
Full Name (Last, First, Middle Initial) B. CYNTHIA H. DOUCET			Date of Receipt
Mailing Address P. O. Box 91180			M M / D D / Y Y Y Y 12 02 2005
City	State	Zip Code	Transaction ID: 12168444
Lafayette	LA	70509-1180	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer Global Financial Resources Inc.	Occupatio Insuranc		
Receipt For:	Aggregate	e Year-to-Date V	
Other (specify)		320.00]
Full Name (Last, First, Middle Initial) C. LINDA K. FRIEDRICH			Date of Receipt
Mailing Address PO Box 30275			M M / D D / Y Y Y Y 12 02 2005
City	State	Zip Code	Transaction ID: 12168458
Lincoln	NE	68503-0275	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer UNICO Financial Services Inc.	Occupatio Insuranc		
Receipt For:	Aggregate	e Year-to-Date V	
Other (specify)		500.00]
SUBTOTAL of Receipts This Page (optional)	I		100.00

TOTAL This Period (last page this line number only)

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 118 / 226 (check only one) 11a X 11a 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
\sum	NAME OF COMMITTEE (In Full)			
\angle	National Association of Health Underwri			
Α.	Full Name (Last, First, Middle Initial) PATRICE GOLDFARB			Date of Receipt
	Mailing Address 442 Teaneck Rd.			M M / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168463
	Ridgefield Park	NJ	07660-1516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer The Employee Benefits Adv-	Occupation		
	isors Group Receipt For:		e Agent e Year-to-Date V	
	Primary General	riggiogaic		1
	Other (specify)	0 0	720.00	
в.	Full Name (Last, First, Middle Initial) MICHAEL D. GRAY			Date of Receipt
	Mailing Address 233 South 13th Street Suite 1500			1 2 0 2 2 0 0 5
	City	State	Zip Code	Transaction ID: 12168467
	Lincoln	NE	68508-2017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer The Harry A. Koch Company	Occupation Insurance		
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify)	0 0	2040.00]
<u> </u>	Full Name (Last, First, Middle Initial) LISA WETHERTON			Date of Receipt
-	Mailing Address 376 Overlook Point Drive	е		
	City	State	Zip Code	Transaction ID: 12168477
	Dahlonega	GA	30533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Benefit Designs	Occupation Insurance		
	Receipt For:		e Year-to-Date V	-1
	Primary General	33 - 3		1
	Other (specify)	0 0	340.00	
s	UBTOTAL of Receipts This Page (optional)			270.00
т	OTAL This Period (last page this line number or	ıly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 119 / 226			
	EMIZED RECEIPTS		or each category of the	(check only one)			
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$			
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	v not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions			
$\overline{\nabla}$	NAME OF COMMITTEE (In Full)						
	National Association of Health Underwr	iters PAC (HUPAC)				
Α.	Full Name (Last, First, Middle Initial) DONNA D. HILL			Date of Receipt			
	Mailing Address PO Box 724			1 2 / D D / Y Y Y Y 1 2 0 0 5			
	City	State	Zip Code	Transaction ID: 12168483			
	Snellville	GA	30078-0724	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer DDH Associates LLC	Occupation Health In	n surance Agent				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General Other (specify) ▼	0 0	1000.00]			
в.	Full Name (Last, First, Middle Initial) MARYLOU Lou HUDMAN			Date of Receipt			
	Mailing Address 5330 Bent Tree Forest I	Drive Suite		M M / D D / Y Y Y Y 12 02 2005			
	City	State	Zip Code	Transaction ID: 12168491			
	Dallas	TX	75248-3471	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		40.00			
	Name of Employer A Benefit Source	Occupation Insurance		-			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	295.14]			
<u></u>	Full Name (Last, First, Middle Initial) SUZANNE K. JOHNSON			Date of Receipt			
	Mailing Address 6235 Morrison Bouleva	rd Suite 30	2	M M / D D / Y Y Y Y 12 02 2005			
	City	State	Zip Code	Transaction ID: 12168499			
	Charlotte	NC	28211-3508	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		40.00			
	Name of Employer Strategic Employee Benefit Services	Occupation Insurance					
	Receipt For:		Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	390.00]			
6	UBTOTAL of Receipts This Page (optional)			180.00			
	OTAL This Period (last page this line number o						

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 226 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) National Association of Health Underwri			
Α.	Full Name (Last, First, Middle Initial) THELMA KACZMAREK Mailing Address PO Box 345			Date of Receipt
	P O Box 345 City	State	Zip Code	Transaction ID: 12168504
	Ravenna	OH	44266-1684	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kaczmarek Ins. Services	Occupation		_
	Agency Inc.	Insuranc		_
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1230.00]
в.	Full Name (Last, First, Middle Initial) BRIAN W. LIECHTY			Date of Receipt
	Mailing Address 120 East Washington St	reet		12 02 Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168511
	<u>Plymouth</u>	IN	46563-1744	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer KL Benefits	Occupation Insurance		
	Receipt For:		e Year-to-Date V	_
	Primary General Other (specify) ▼	0 0	800.00]
с.	Full Name (Last, First, Middle Initial) CLARK K. LOEWE			Date of Receipt
	Mailing Address 12200 Northwest Fwy St	e 662		M M / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168513
	Houston	TX	77092-4927	Amount of Each Receipt this Period
	00			25.00
			e Agent	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00]
s	UBTOTAL of Receipts This Page (optional)		······	205.00
Т	OTAL This Period (last page this line number or	nly)		-

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 121 / 226 (check only one)	
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Ν	NAME OF COMMITTEE (In Full)			
\angle	National Association of Health Underwrit	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) CAROL MATZNICK			Date of Receipt
	Mailing Address PO Box 38905			1 2 0 2 2 0 0 5
	City	State	Zip Code	Transaction ID: 12168523
	Greensboro	NC	27438-8905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer North Carolina AHU	Occupation Executive		
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	280.00]
в.	Full Name (Last, First, Middle Initial) DAVID R. MOORE			Date of Receipt
	Mailing Address PO Box 1006			M M / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168528
	Burlington	NC	27216-1006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer David R. Moore CLU & Ass- ociates	Occupation Insurance		
	Receipt For:		Year-to-Date V	
	Primary General Other (specify) ▼	0 0	440.00]
<u></u>	Full Name (Last, First, Middle Initial) WESLEY P. MOORE, III			Date of Receipt
	Mailing Address P O Box 604			M M / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168529
	Darlington	SC	29540-0604	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer W P Moore Agency	Occupatior Owner	1	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00]
s	UBTOTAL of Receipts This Page (optional)		••••••	170.00
т	OTAL This Period (last page this line number on	ıly)		

6	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 122 / 226					
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)					
			Detailed Summary Page	X 11a 11b 11c 12					
•				13 14 15 16 17					
Ar	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)									
$\left \right\rangle$	National Association of Health Underwr								
<u> </u>	Full Name (Last, First, Middle Initial) JOSHUA D. NACE			Date of Receipt					
А.	Mailing Address 936 North 34th Street S	Suite 208		M M / D D / Y Y Y Y					
	City	State	Zip Code						
	Seattle	WA	98103-8869	Transaction ID: 12168532 Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		30.00					
	Name of Employer Dental Health Services	Occupation							
	Inc.		sident Sales & Service						
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	1					
	Other (specify)		300.00						
				4					
в.	Full Name (Last, First, Middle Initial) MICHAEL A. NORRIS			Date of Receipt					
	Mailing Address PO Box 999								
	295 E Palmer Street	State	Zip Code	1 2 0 2 2 0 0 5 Transaction ID: 12168540					
	Franklin	NC	28744-0999	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		25.00					
	Name of Employer	Occupation		-					
	Wayah Insurance Agency		Executive						
	Receipt For:	Aggregate	e Year-to-Date ▼						
	Cher (specify) ▼		270.00						
		0 0	0 0 0 0 0 0 0	1					
~	Full Name (Last, First, Middle Initial)			Data of Descript					
0.	JOHN C. PARKER Mailing Address 47 Laurel Hill Drive			Date of Receipt					
				12 02 2005					
	City	State	Zip Code	Transaction ID: 12168544					
	Niantic	СТ	06357-1536	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		90.00					
	Name of Employer Parker Agency	Occupation		1					
	Receipt For:	Principal Aggregate	e Year-to-Date ▼						
	Primary General	, iggi ogaio		1					
	Other (specify)		920.00						
				145.00					
s	UBTOTAL of Receipts This Page (optional)			145.00					
Т	OTAL This Period (last page this line number o	nly)							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\left[\right]$	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwr			
Α.	Full Name (Last, First, Middle Initial) JOSEPH K. ROBERTS			Date of Receipt
	Mailing Address 7101 South 82nd Street			12 / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168563
	Lincoln	NE	68516-6574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Midlands Financial Benefi-	Occupatio	n ed Representative	
	ts Receipt For:	Ŭ	e Year-to-Date V	
	Primary General			1
	Other (specify)	0.0	870.00	
в.	Full Name (Last, First, Middle Initial) DANIEL R. TOMPKINS, III			Date of Receipt
	Mailing Address PO Box 1810			
	800 Old Rosewell Lakes	State	te Zip Code	1 2 0 2 2 0 0 5 Transaction ID: 12168595
	Roswell	GA	30077-1810	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Admin America	Occupatio Insuranc		-
	Receipt For:		e Year-to-Date V	_
	Primary General			1
	Other (specify)	0 0	620.00	
c.	Full Name (Last, First, Middle Initial) MARILYN A. VAN SANT			Date of Receipt
	Mailing Address 271 Route 46 West Sui	ite G206		M M / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168599
	Fairfield	NJ	07004-2475	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Stratford Financial Group	Occupatio Insuranc		
	Receipt For:		e Year-to-Date ▼	_
	Primary General		800.00	1
	Other (specify) v	0 0		
s	UBTOTAL of Receipts This Page (optional)			170.00
т	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC ((HUPAC)	
<u> </u>	Full Name (Last, First, Middle Initial) CHARLES G. WAGNER Mailing Address PO Box 9			Date of Receipt
				12 02 2005
	City	State	Zip Code	Transaction ID: 12168601
	Burwell FEC ID number of contributing	C	68823-0009	Amount of Each Receipt this Period 50.00
	federal political committee.			
	Name of Employer Town and Country Insurance Agency Inc	Occupatio Presiden	t	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	500.00]
в.	Full Name (Last, First, Middle Initial) BARBARA Kay WONG			Date of Receipt
	Mailing Address 1311 L Street			12 02 Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168615
	Anchorage	AK	99501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Capital Management Benefi- ts Corp.	Occupatio Insuranc		_
	Receipt For:	Aggregate	e Year-to-Date V	
	Other (specify) ▼	0 0	250.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) ELIZABETH ASHMORE			Date of Receipt
	Mailing Address 7606 University Avenue	Suite B		12 02 YYYY 12005
	City	State	Zip Code	Transaction ID: 12168398
	Lubbock	TX	79423-2128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Ashmore Agency Inc	Occupatio Insuranc		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00]
s	UBTOTAL of Receipts This Page (optional)			175.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 125 / 226
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) ANN C. BELL			Date of Receipt
	Mailing Address 1661 Shoreline Drive S	uite 100		12 02 Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168403
	Boise	ID	83702-6746	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Higgins & Rutledge Insura- nce Inc.	Occupation Insurance		_
	Receipt For:		e Year-to-Date ▼	_
	Primary General Other (specify) ▼	U U U	270.00]
в.	Full Name (Last, First, Middle Initial) DAVID A BERMAN			Date of Receipt
	Mailing Address 6510 N. Shadeland Ave	nue	1 2 0 2 Y Y Y Y 1 2 0 2 2 0 0 5	
	City	State	Zip Code	Transaction ID: 12168404
	Indianapolis	IN	46220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Neace Lukens Holding Comp-	Occupation Insurance		_
	any Inc. Receipt For:	-	Year-to-Date ▼	_
	Primary General Other (specify) ▼	U U U	500.00]
<u>с</u> .	Full Name (Last, First, Middle Initial) B CALVIN			Date of Receipt
	Mailing Address PO Box 101422			1 2 0 2 2 0 0 5
	City	State	Zip Code	Transaction ID: 12168421
	Anchorage	AK	99510-1422	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Calco Inc.	Occupation Insurance		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	1
_			0 0 0 0 0 0 0 0	1
s	UBTOTAL of Receipts This Page (optional)			115.00
т	OTAL This Period (last page this line number o	nly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwr	iters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) Russ B. Childers			Date of Receipt
	Mailing Address PO Box 1547			1 2 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 12168429
	Americus	GA	31709-1547	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Russ Childers CLU	Occupatio Insuranc		
	Receipt For:		e Year-to-Date V	_
	Primary General Other (specify)		305.00	1
		8 8	0 0 0 0 0 0 0	
в.	Full Name (Last, First, Middle Initial) EUGENE D. EBERSOLE			Date of Receipt
	Mailing Address 405 Gretna Blvd, Suite	1 2 0 2 2 0 0 5		
	City	Transaction ID: 12168448		
	Gretna	LA	70053-4900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Ebersole & Associates In-	Occupatio Insuranc		
	Receipt For:	_	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	400.00]
	Full Name (Last, First, Middle Initial) THOMAS M EVANS			Date of Receipt
	Mailing Address 7261 Mercy Rd.			
	City	State	Zip Code	Transaction ID: 12168453
	Omaha	NE	68164-9684	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer BlueCross Blue Shield of	Occupatio		
	Nebraska Receipt For:	Insuranc Aggregate	e Agent e Year-to-Date V	
	Primary General	7.99.09uu		1
	Other (specify)	0 0	880.00	
s	LUBTOTAL of Receipts This Page (optional)		······	145.00
Т	OTAL This Period (last page this line number o	nly)	· · ·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) DAVID L. FEAR			Date of Receipt
	Mailing Address 11160 Sun Center Drive	12 D D / Y Y Y Y 12 D D / 2005		
	City Rancho Cordova	State CA	Zip Code 95670-6121	Transaction ID: 12168455 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		55.00
	Name of Employer CIMS Strategic Distributi- on Division Receipt For: Primary General Other (specify) ▼	-	n of Strategic Distribution e Year-to-Date 650.00]
в.	Full Name (Last, First, Middle Initial) BRUCE L. GARDNER			Date of Receipt
	Mailing Address 1502 West Avenue			M M / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168460
	Austin	TX	78701-1561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Bruce Gardner Insurance & Investments	Occupatio Registere	n ed Representative	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)	0 0	800.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) TIMOTHY HENDRICKS			Date of Receipt
	Mailing Address 1605 S Eucalyptus Ave			M M / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168478
	Broken Arrow	OK	74012-5906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer Business Planning Group Of OK Receipt For:	Occupatio Insuranc		
	Primary General Other (specify) ▼		500.00]
s	UBTOTAL of Receipts This Page (optional)			185.00

TOTAL This Period (last page this line number only)

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 226 (check only one) 11a X 11a 11b 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements mag ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Health Underwrit			
Α.	Full Name (Last, First, Middle Initial) HUGH R HENDRICKSON	IUGH R HENDRICKSON		
	Mailing Address 1019 Pacific Ave. Suite 1	12 / D D / Y Y Y Y 12 02 2005		
	City Tacoma	State WA	Zip Code 98402-4468	Transaction ID: 12168479 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Strategic Employee Benefit Services	Occupatio Insuranc		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 260.00]
в.	Full Name (Last, First, Middle Initial) RICHARD L HILL			Date of Receipt
	Mailing Address 4435 O Street P.O. Box 30275			M M / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168484
	Lincoln	NE	68510-1842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer UNICO Financial Services Inc.	Occupatio Insuranc		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ♥		600.00]
<u></u>	Full Name (Last, First, Middle Initial) LAWRENCE KACZMAREK			Date of Receipt
	Mailing Address 6711 Berry Rd			M M / D D / Y Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168503
	Ravenna	OH	44266-1684	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Kaczmarek Insurance Servi- ces Inc.	Occupatio Insuranc	e Agent	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1070.00	
s	UBTOTAL of Receipts This Page (optional)		······	170.00

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 129 / 226 (check only one)			
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12			
			Detailed Summary Page				
	y information copied from such Reports and Sta for commercial purposes, other than using the n						
	NAME OF COMMITTEE (In Full)						
\rangle	National Association of Health Underwr	iters PAC (HUPAC)				
Α.	Full Name (Last, First, Middle Initial) MICHAEL KIELIAN			Date of Receipt			
	Mailing Address PO Box 45279			1 2 / D D / Y Y Y Y 1 2 0 0 5			
	City	State	Zip Code	Transaction ID: 12168507			
	Omaha	NE	68145-0279	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer The Harry A. Koch Company	Occupation Insurance		_			
	Receipt For:	-	e Year-to-Date ▼	_			
	Primary General		800.00	1			
	Other (specify) v	0 0	800.00				
в.	Full Name (Last, First, Middle Initial) MARY B. KRAMER			Date of Receipt			
	Mailing Address 2637 South 158th Plaza	Suite 200)	M M / D D / Y Y Y Y 12 02 2005			
	City	State	Zip Code	Transaction ID: 12168508			
	Omaha	NE	68130-1769	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		40.00			
	Name of Employer Holmes Murphy and Associa- tes Inc.	Occupation Vice Pres					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General		400.00	1			
	Other (specify) ▼	0 0					
C.	Full Name (Last, First, Middle Initial) SHARON L MCDERMOTT			Date of Receipt			
	Mailing Address 21425 Chancellor Road		1 2 / D D / Y Y Y Y 1 2 0 0 5				
	City	State	Zip Code	Transaction ID: 12168524			
	Elkorn	NE	68022-4677	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Diversified Benefits Group Inc	Occupation Presiden	t				
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼		1000.00]			
				220.00			
	UBTOTAL of Receipts This Page (optional)						
T	OTAL This Period (last page this line number of	nly)	🕨				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			on for the purpose of soliciting contributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC (HUPAC)	
L	Full Name (Last, First, Middle Initial)		, 	
Α.	GLEN E RIENSCHE Mailing Address 415 5th Street			Date of Receipt
	P. O. Box 664	State	Zip Code	1 2 0 2 2 0 0 5 Transaction ID: 12168558
	Fairbury	NE	68352-2501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Advanced Insurance Servic- es Inc.	Occupation Insurance		-
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	300.00]
в.	Full Name (Last, First, Middle Initial) ELIZABETH E WHEATCROFT			Date of Receipt
	Mailing Address 124 West Castellano Dr	rive Suite 2	2	12 02 Y Y Y Y 12 02
	City	State	Zip Code	Transaction ID: 12168560
	El Paso	TX	79912-6139	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Goodman Financial Group	Occupation	n oloyee Benefits	
	Receipt For:	Aggregate	e Year-to-Date 🔻	_
	Primary General Other (specify) ▼	0 0	290.00	
с.	Full Name (Last, First, Middle Initial) ELIZABETH E WHEATCROFT			Date of Receipt
	Mailing Address 124 West Castellano Dr	rive Suite 2	2	12 02 Y Y Y Y 12 02
	City El Paso	State TX	Zip Code 79912-6139	Transaction ID: 12168605 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Goodman Financial Group	Occupation	n bloyee Benefits	
	Receipt For: Primary General Other (specify) ▼		9 Year-to-Date ▼ 300.00]
s	UBTOTAL of Receipts This Page (optional)			60.00
Т	OTAL This Period (last page this line number o	nly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	National Association of Health Underwrite	ters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) WILLIAM T. ROBINSON			Date of Receipt
	Mailing Address Mail: 100 S. Sunrise Way PMB 30 Office: 1276 No Palm Canyon Dr			12 02 YYYY 12 02 2005
	City State		Zip Code	Transaction ID: 12168567
	Palm Springs CA		92262	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			80.00
	Name of Employer Palm Canyon Insurance Age-	Occupation Insurance		
	ncy Receipt For:		e Year-to-Date V	-
	Primary General Other (specify) ▼		720.00]
в.	Full Name (Last, First, Middle Initial) EUGENE L. ROWE			Date of Receipt
	Mailing Address 16000 Ventura Blvd Sui	te 1103		M M / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168568
	Encino	CA	91436-2767	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer R & R Insurance and Retir-	Occupation Insurance		
	ement Service Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	300.00]
<u></u>	Full Name (Last, First, Middle Initial) STEPHEN J. SALAMON			Date of Receipt
	Mailing Address PO Box 4252			1 2 0 2 2 0 0 5
	City	State	Zip Code	Transaction ID: 12168571
	Timonium	MD	21094-4252	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			10.00
	Name of Employer Heritage Financial Consul- tants LLC	Occupation Insurance	e Agent	
			e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1100.00	
s	JBTOTAL of Receipts This Page (optional)			120.00
Т	OTAL This Period (last page this line number or	nly)	· · · · · · · · · · · · · · · · · · ·	-

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 132 / 226 (check only one)		
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			, ,	13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
\mathbb{N}	NAME OF COMMITTEE (In Full)					
\angle	National Association of Health Underwr					
A.	Full Name (Last, First, Middle Initial) A. ROGER W SKINNER Mailing Address 6612 East 75th Street Suite 2			Date of Receipt		
				1 2 0 0 2 Y Y Y Y Y 1 2 0 0 5		
	City	State	Zip Code	Transaction ID: 12168579		
	Indianapolis	IN	46250-2876	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Oc GroupLink Inc. Pr					
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General Other (specify) ▼	0 0	250.00]		
в.	Full Name (Last, First, Middle Initial) JACKIE L. SPRAGINS			Date of Receipt		
	Mailing Address PO Box 2073			M M / D D / Y Y Y Y 12 02 2005		
	City	State	Zip Code	Transaction ID: 12168586		
	Wichita Falls	TX	76307-2073	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer Spragins Insurance Agency	Occupation Insurance				
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify) ▼	0 0	302.00]		
	Full Name (Last, First, Middle Initial) LOUANNE TREBING			Date of Receipt		
υ.	Mailing Address 1806 Patton Drive					
				12 02 2005		
	City	State	Zip Code	Transaction ID: 12168598		
	Garland	TX	75042-8205	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		10.00		
	Name of Employer Trebing Insurance Services	Occupation Insurance				
	Receipt For: Primary General	Aggregate	e Year-to-Date V	1		
	Other (specify)	0 0	280.00			
s	LUBTOTAL of Receipts This Page (optional)			65.00		
Т	OTAL This Period (last page this line number o	nly)	· · · · · · · · · · · · · · · · · · ·			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 226 (check only one)
Ar	y information copied from such Reports and Stat	ements may	not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	ame and add	Iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Association of Health Underwrit	ers PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) C.L. L WESTMORELAND			Date of Receipt
	Mailing Address PO Box 925			12 02 YYYY 12005
	City	State	Zip Code	Transaction ID: 12168604
	Jackson	MS	39205-0925	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer American Public Life Insu-	Occupation		
	rance Company		of Agency Development	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1
	Other (specify)	0 0	670.00	
в.	Full Name (Last, First, Middle Initial) CATHERINE FICARA			Date of Receipt
	Mailing Address 26999 Central Park Blvd			M M / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168456
	Southfield	MI	48076-4174	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Austin Financial Group LL-	Occupation		
	CUnited Receipt For:		surance Agent Year-to-Date ▼	_
	Primary General	Ayyreyaid		1
	Other (specify) v	0 0	260.00	
C.	Full Name (Last, First, Middle Initial) MARIA KENNEDY			Date of Receipt
	Mailing Address 1149 Court Street NE			M M / D D / Y Y Y Y 12 02 2005
	City	State	Zip Code	Transaction ID: 12168506
	Salem	OR	97301-4030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Associated Oregon Industr- ies	Occupation Director (n of Marketing	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼	0 0	250.00]
s	UBTOTAL of Receipts This Page (optional)			115.00
Т	OTAL This Period (last page this line number on	ly)	· · · · · · · · · · · · · · · · · · ·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 226 (check only one) 11a X 11a 11b 11c 12
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwrit	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) JANT TRAUTWEIN-STOKES			Date of Receipt
	Mailing Address 2000 N 14th Street			12 02 YYYY 12 02
	City	State	Zip Code	Transaction ID: 12168597
	Arlington	VA	22201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer NAHU	Occupation Executive	n ≥ VP, CEO	
	Receipt For:		Year-to-Date V	_
	Primary General Other (specify) ▼	0 0	400.00]
в.	Full Name (Last, First, Middle Initial) DAVID S. CLULEY			Date of Receipt
	Mailing Address 2050 S Linden Rd			12 20 Y Y Y Y 12 20 1 2005
	City	State	Zip Code	Transaction ID: 12165702
	Flint	MI	48532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer PPOM	Occupation		
	Receipt For:	Insurance Aggregate	e Year-to-Date V	_
	Primary General Other (specify) ▼		205.00]
	Full Name (Last, First, Middle Initial) RAY M. MUSSER			Date of Receipt
	Mailing Address 404 N Second Ave., Suit	e B		12 20 2005
	City	State	Zip Code	Transaction ID: 11445713
	<u>Upland</u>	CA	91786-4701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		540.00
	Name of Employer Ray M. Musser & Associates Inc.	Occupation Insurance		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1540.00]
s	UBTOTAL of Receipts This Page (optional)			655.00
Т	OTAL This Period (last page this line number on	ıly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 135 / 226 (check only one)
	EMIZED RECEIPIS		Detailed Summary Page	X 11a 11b 11c 12
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	v not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwri	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) Fern A. Musser			Date of Receipt
	Mailing Address 404 North Second Aven	ue Suite B		1 2 2 0 2 0 0 5
	City State Upland CA		Zip Code	Transaction ID: 11445712
			91786-4701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		540.00
	Name of Employer Ray Musser & Associates Insurance Serv	Occupation Insurance		_
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) v	0 0	540.00]
в.	Full Name (Last, First, Middle Initial) TERESA DEBRUIN			Date of Receipt
	Mailing Address 5880 Live Oak Parkway Suite 230	/		M M / D D / Y Y Y Y 12 28 2005
	City	State	Zip Code	Transaction ID: 12058363
	Norcross	GA	30092-2188	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer DeBruin Benefit Services	Occupation		
	Inc./ AA LaR Receipt For:		e Agent e Year-to-Date V	
	Primary General	Aggregate		1
	Other (specify) v	0 0	215.00	
C.	Full Name (Last, First, Middle Initial) TERRI D ADAMS			Date of Receipt
	Mailing Address PO Box 1290			M M M / D D / Y Y Y Y 12 / 30 / 2005
	City	State	Zip Code	Transaction ID: 12207451
	Prairieville	LA	70769-1290	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Benefit Strategies	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	480.00]
s	UBTOTAL of Receipts This Page (optional)			610.00
Т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 136 / 226 (check only one) 11a X 11a 13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\backslash	National Association of Health Underwri	_				
A.	Full Name (Last, First, Middle Initial) KEERRY D ALDRIDGE			Date of Receipt		
	Mailing Address 1501 N. Limestone, Suit	e 100		12 / 30 / Y Y Y Y 12 / 30 / 2005		
	City State		Zip Code	Transaction ID: 12207583		
	Lexington KY		40505-3200	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		80.00		
	Name of Employer CKBS Insurance Group	Occupatio				
	Receipt For:	Insurance	e Agent e Year-to-Date V	_		
	Primary General	Aggregate		1		
	Other (specify)	0 0	980.00			
В.	Full Name (Last, First, Middle Initial) Terry Allard			Date of Receipt		
	Mailing Address 3000 A Street Suite 400	Address 3000 A Street Suite 400				
	City	State	Zip Code	1 2 3 0 2 0 0 5 Transaction ID: 12207664		
	Anchorage	AK	99501-5148	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		20.00		
	Name of Employer The Wilson Agency LLC	Occupation Insurance				
	Receipt For:	Aggregate	e Year-to-Date V			
	Primary General Other (specify) ▼	0 0	240.00]		
<u></u>	Full Name (Last, First, Middle Initial) RICK BAILEY			Date of Receipt		
	Mailing Address 4390 Earney Road Suit	e 240		M M / D D / Y Y Y Y 12 30 2005		
	City	State	Zip Code	Transaction ID: 12207414		
	Woodstock	GA	30188-5687	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer Rick Bailey & Company In- c.	Occupation Insurance				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00]		
s	UBTOTAL of Receipts This Page (optional)			120.00		
Т	OTAL This Period (last page this line number or	וא)	······			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 137 / 226							
		Use separate schedule(s) or each category of the		(check only one)							
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$							
	y information copied from such Reports and Sta			on for the purpose of soliciting contributions							
or	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full) National Association of Health Underwr										
\angle		iters PAC (HUFAC)	-							
Α.	Full Name (Last, First, Middle Initial) THOMAS R BELDING			Date of Receipt							
	Mailing Address 10917 Old River Trail			1 2 ^D D ^D ['] Y Y Y Y 3 0 2 0 0 5							
	City	State	Zip Code	Transaction ID: 12207584							
	Edmond	OK	73013-8382	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		20.00							
	Name of Employer Professional Reinsurance	Occupation									
	Marketing Ser Receipt For:	Presiden	e Year-to-Date ▼	_							
	Primary General	Aggregate		1							
	Other (specify)	0 0	340.00								
в.	Full Name (Last, First, Middle Initial) BRUCE D BENTON			Date of Receipt							
	Mailing Address 19528 Ventura Bouleva	M M / D D / Y Y Y Y 12 30 2005									
	City	State	Zip Code	Transaction ID: 12207585							
	Tarzana	CA	91356-2917	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		25.00							
	Name of Employer Genesis SmithBenton Insur-	Occupation									
	ance & Financ	Insurance	•								
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼								
	Other (specify)		295.00								
_	Full Name (Last, First, Middle Initial) DONALD J BOOTH										
С.	Mailing Address 8711 Plantation Lane, S	Suito 201		Date of Receipt							
		Suite SUI		12 30 2005							
	City	State	Zip Code	Transaction ID: 12207586							
	Manassas	VA	20110	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		20.00							
	Name of Employer Capital Group Benefits	Occupation Partner	n								
	Receipt For:		e Year-to-Date 🔻								
	Primary General Other (specify)		220.00	1							
_		0 0	0 0 0 0 0 0 0	1							
s	UBTOTAL of Receipts This Page (optional)			65.00							
Т	OTAL This Period (last page this line number o	nly)									

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 138 / 226
	· · · ·	Use separate schedule(s) or each category of the		(check only one)
11	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\mathbf{N}	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) SHAWN F BRASHEARS	Date of Receipt		
	Mailing Address 110 Old Padonia Road	Suite 201		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State		Zip Code	Transaction ID: 12207588
	Cockeysville	MD	21030-4949	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Compensation Concepts	Occupatio Insuranc		
	Receipt For:		e Year-to-Date V	
	Primary General			1
	Other (specify) v	0 0	240.00	
в.	Full Name (Last, First, Middle Initial) ELEANOR M BROCKHURST			Date of Receipt
	Mailing Address 1212 East Osborn Road	12 / D D / Y Y Y Y 12 30 2005		
	City	State	Zip Code	Transaction ID: 12207589
	Phoenix	AZ	85014-5533	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer	Occupatio	n	-
	Brockhurst & Associates Inc.	Insuranc	e Agent	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		260.00]
<u></u>	Full Name (Last, First, Middle Initial) SARAH GUNTER-CANEZ			Date of Receipt
	Mailing Address 7700 Broadway #201 19921 FM 2252 (zip is 7	78266)		M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207457
	San Antonio	TX	78266	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer EFGI Insurance & Bonds	Occupatio Principal	ⁿ /Steve Jamison	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	240.00	
s	UBTOTAL of Receipts This Page (optional)			60.00

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 139 / 226 (check only one)			
ITEMIZED RECEIPTS			or each category of the	X 11a $11b$ 11c 12			
			Detailed Summary Page				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oscilicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
\rangle	National Association of Health Underwr						
Α.	Full Name (Last, First, Middle Initial) DAVID S. CLULEY			Date of Receipt			
	Mailing Address 2050 S Linden Rd			1 2 / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5			
	City	State	Zip Code	Transaction ID: 12207443			
	Flint	MI	48532	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		15.00			
	Name of Employer PPOM	Occupation Insurance		-			
	Receipt For:		e Year-to-Date V	_			
	Primary General		000.00	1			
	Other (specify)	0 0	220.00				
в.	Full Name (Last, First, Middle Initial) Richard P Coburn			Date of Receipt			
	Mailing Address 19 Minor Court			12 ^M 12 ^J 30 ^J 2005			
	City	State	Zip Code	Transaction ID: 12207460			
	San Rafael	CA	94903-3716	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		10.00			
	Name of Employer Word & Brown	Occupation Insurance					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General		220.00	1			
	Other (specify)	0 0					
C.	Full Name (Last, First, Middle Initial) Susan E Cook			Date of Receipt			
	Mailing Address 3495 Piedmont Road, N 9 Piedmont Center			1 2 / D D / Y Y Y Y 1 2 0 0 5			
	City	State	Zip Code	Transaction ID: 12207532			
	Atlanta	GA	30305-1773	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer Kaiser Permanente	Occupation Insurance					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General		635.00	1			
_	Other (specify)	0 0					
s	UBTOTAL of Receipts This Page (optional)			75.00			
Т	OTAL This Period (last page this line number of	nly)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 140 / 226 (check only one)
IT	EMIZED RECEIPTS		or each category of the	
			Detailed Summary Page	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	⊥ y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwr			
Α.	Full Name (Last, First, Middle Initial) Thomas J Daniels			Date of Receipt
	Mailing Address 120 Wood Avenue South, Su		00	1 2 / D D / Y Y Y Y 3 0 / 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207355
	Iselin	NJ	08830-2709	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer WellChoice	Occupation Insurance		
	Receipt For:	-	e Year-to-Date V	_
	Primary General	33 - 3	· · · · · · · · · · · · · · · · · · ·	1
	Other (specify) v	0 0	240.00	
В.	Full Name (Last, First, Middle Initial) ROSEMARY DEININGER			Date of Receipt
	Mailing Address 12801 N. Central Expres	M M / D D / Y Y Y Y 12 30 2005		
	City	State	Zip Code	Transaction ID: 12207512
	Dallas	ТХ	75243-1741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Waldman Brothers	Occupation Account		-
	Receipt For:	-	e Year-to-Date V	_
	Primary General		270.00	1
	Other (specify)	0 0	370.00	
C.	Full Name (Last, First, Middle Initial) SHARON DICORATO			Date of Receipt
	Mailing Address 801 Pine Street Suite 4	G1		M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207656
	Chattanooga	TN	37402-2520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		
	Name of Employer Blue Cross Blue Shield of TN	Occupation Manager	n , Individual Sales	
	Receipt For:		e Year-to-Date 🔻	
	Primary General		320.00	1
	Other (specify)	0 0	520.00	
s	UBTOTAL of Receipts This Page (optional)			60.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 141 / 226 (check only one)		
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\rangle	National Association of Health Underwri					
Α.	Full Name (Last, First, Middle Initial) RICHARD DUFFIELD	Date of Receipt				
	Mailing Address 320 W Lake Lansing Rd	Ste 2		12 / 30 / Y Y Y Y 12 / 30 / 2005		
	City	State	Zip Code	Transaction ID: 12207560		
	East Lansing	MI	48823-8572	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			10.00		
	Name of Employer Brogan Reed VanGorder	Occupation				
	& Associates Receipt For:	Resident Aggregate	Agent e Year-to-Date ▼	-		
	Primary General			1		
	Other (specify)	0 0	210.00			
В.	Full Name (Last, First, Middle Initial) JOAN L GALLETTA			Date of Receipt		
	Mailing Address 3342 Kori Road			1 2 3 0 Y Y Y Y 1 2 3 0 2 0 0 5		
	City	State	Zip Code	Transaction ID: 12207358		
	Jacksonville	FL	32257	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		20.00		
	Name of Employer JP Perry Insurance, Inc.	Occupation Insurance				
	Receipt For:		e Year-to-Date V			
	Primary General		240.00	1		
	Other (specify)	0 0]		
с.	Full Name (Last, First, Middle Initial) GERARD GERSHONOWITZ			Date of Receipt		
	Mailing Address 980 Broadway Suite 60	8		M M / D D / Y Y Y Y 12 30 2005		
	City	State	Zip Code	Transaction ID: 12207433		
	Thornwood	NY	10594-1313	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		75.00		
	Name of Employer Morrell Consulting Group	Occupation Insurance				
	Inc. Receipt For:		e Year-to-Date V	-1		
	Primary General		845.00	1		
	Other (specify)	0 0				
s	UBTOTAL of Receipts This Page (optional)			105.00		
Т	OTAL This Period (last page this line number or	רוא)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
$\overline{\nabla}$	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
\rangle	National Association of Health Underwri	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) Mary S. Go			Date of Receipt
	Mailing Address 73261 Highway 111, Su	ite 6		12 30 Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207424
	Palm Desert CA		92260-3928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Regency Insurance & Finan- cial Group	Occupation Insurance		-
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	220.00]
в.	Full Name (Last, First, Middle Initial) CAROLYN L GOODWIN			Date of Receipt
	Mailing Address 4959 Mill Run Rd.	1 2 3 0 Y Y Y Y 1 2 3 0 2 0 0 5		
	City	State	Zip Code	Transaction ID: 12207463
	Dalls	TX	75244-6004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer CBIZ Benefits & Insurance	Occupation Insurance		
	Services Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		360.00]
	Full Name (Last, First, Middle Initial) STEPHEN A GRIM			Date of Receipt
	Mailing Address P O Box 1105			M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207465
	Virginia Beach	VA	23451-0105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Mid-Atlantic Agency Inc.	Occupation Presiden	t	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 880.00]
s	UBTOTAL of Receipts This Page (optional)			125.00
Т	OTAL This Period (last page this line number or	nly)		

9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 143/226					
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)					
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
•									
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	ress of any political committee to	solicit contributions from such committee.					
∇	NAME OF COMMITTEE (In Full)								
	National Association of Health Underwri	iters PAC (HUPAC)						
Α.	Full Name (Last, First, Middle Initial) CYNTHIA GULDY			Date of Receipt					
	Mailing Address 2026 Yonkee Drive			1 2 / 3 0 / Y Y Y Y 1 2 0 0 5					
	City	State	Zip Code	Transaction ID: 12207437					
	Windsor	CO	80550	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		20.00					
	Name of Employer New York Life Insurance	Occupation Insurance							
	Receipt For:		e Year-to-Date ▼						
	Primary General		240.00	1					
	Other (specify)	0 0							
в.	Full Name (Last, First, Middle Initial) CRISTY RUSSELL GUPTO			Date of Receipt					
	Mailing Address 357 Sanford Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID: 12207599					
	Morganton	NC	28655	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		50.00					
	Name of Employer Flexible Benefit Manageme- nt	Occupation Insurance							
	Receipt For:		Year-to-Date ▼						
	Primary General		570.00	1					
	Other (specify)	0 0	370.00						
C.	Full Name (Last, First, Middle Initial) WALTER T HALE			Date of Receipt					
	Mailing Address 211 East Church Street			M M / D D / Y Y Y Y 12 / 30 / 2005					
	City	State	Zip Code	Transaction ID: 12207361					
	Morrilton	AR	72110-3419	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		20.00					
			n e Agent						
			e Year-to-Date ▼	1					
	Primary General Other (specify) ▼		240.00]					
s	UBTOTAL of Receipts This Page (optional)		••••••	90.00					
т	TOTAL This Period (last page this line number only)								

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 144 / 226 (check only one)
ITEMIZED RECEIPTS			or each category of the	
			Detailed Summary Page	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwr			
Α.	Full Name (Last, First, Middle Initial) Christopher S. Harrison	Date of Receipt		
	Mailing Address 921-C South McPherson	n Church F	Road	1 2 3 0 Y Y Y Y Y 1 2 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207671
	Fayetteville	NC	28303-5368	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Ebenconcepts Company	Occupatio		
	Receipt For:	Insurance	e Agent e Year-to-Date V	_
	Primary General	Ayyreyaid		1
	Other (specify)	0 0	1260.00	
в.	Full Name (Last, First, Middle Initial) THOMAS M HARTE			Date of Receipt
	Mailing Address 20 Mary E. Clark Drive	#10		12 30 Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207601
	Hampstead	NH	03841-2292	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Landmark Benefits Inc.	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date V	
	Primary General		1060.00	1
	Other (specify) v	0 0		
C.	Full Name (Last, First, Middle Initial) JON W HICKS			Date of Receipt
	Mailing Address 3620 Mountainside Driv	е		M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207539
	Colorado Springs	CO	80918	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Hicks Benefit Group	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	330.00]
				200.00
F	UBTOTAL of Receipts This Page (optional)			
т	OTAL This Period (last page this line number o	nly)		
IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
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Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	National Association of Health Underwrit	ers PAC (HUPAC)	_
A.	Full Name (Last, First, Middle Initial) MATT B HOLCOMB			Date of Receipt
	Mailing Address Nine Piedmont Center 3495 Piedmont Road			M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207369
	Atlanta	GA	30305-1733	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Kaiser Permanente	Occupation		
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	7.99109440		1
	Other (specify) v	0 0	240.00	
В.	Full Name (Last, First, Middle Initial) RANDY JOPPIE			Date of Receipt
	Mailing Address Collins and Associates 5075 Cascade Road SE			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y <
	City St		Zip Code	Transaction ID: 12207524
	Belding	MI	48809	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Collins & Associates Corp-	Occupation		
	oration		of Employee Benefits	
	Receipt For: Primary General	Aggregate	Year-to-Date V	
	Other (specify)	0 0	1240.00	
с.	Full Name (Last, First, Middle Initial) MARK KENNEDY			Date of Receipt
	Mailing Address 1173 Brittmoore Road			M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207439
	Houston	TX	77043-5003	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			80.00
	Name of Employer Benefit Concepts Inc.	Occupation Insurance		
	Receipt For: Aggregat		Year-to-Date V	1
	Primary General Other (specify) ▼	0 0	960.00]
s	UBTOTAL of Receipts This Page (optional)			200.00
	OTAL This Period (last page this line number on			-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Star for commercial purposes, other than using the na	tements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\geq	National Association of Health Underwri	ters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) MIKE KETRON			Date of Receipt
	Mailing Address 417 Washington Street			M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207527
	Columbus	IN	47201-6757	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer SIHO	Occupatio		
		Insuranc		_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	0 0	260.00	
в.	Full Name (Last, First, Middle Initial) ROSS W KRAFT			Date of Receipt
	Mailing Address 41 Notre Dame Lane			12 30 Y Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207373
	Utica	NY	13502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Meridian Group of New Yor-	Occupatio Presiden		
	k, Inc. Receipt For:		Year-to-Date ▼	_
	Primary General Other (specify) ▼		960.00]
<u></u> с.	Full Name (Last, First, Middle Initial) Jessica Lagusch			Date of Receipt
	Mailing Address 445 Hutchinson Avenue	Suite 240)	M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207491
	Columbus	ОН	43235-8617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer UnumProvident	Occupatio Account	n Consultant	
			e Year-to-Date ▼	-
	Primary General Other (specify) v		240.00]
	UBTOTAL of Receipts This Page (optional)			120.00
т	OTAL This Period (last page this line number or	ıly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 147 / 226 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Outminary Page	13 14 15 16 17		
	y information copied from such Reports and Sta for commercial purposes, other than using the r					
Ν	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	National Association of Health Underwr	_				
A.	Full Name (Last, First, Middle Initial) Lance M. Ledbetter			Date of Receipt		
	Mailing Address 10800 Alpharetta Hwy	#208-605		1 2 3 0 2 0 0 5		
	City	State	Zip Code	Transaction ID: 12207614		
	Roswell	GA	30076-1490	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee. C Name of Employer MJL Benefit Communications Occupat			20.00		
	Inc. Receipt For:	Insuranc Aggregate	e Agent e Year-to-Date V	_		
	Primary General	Aggregat	· · · · · · · · · · · · · · · · · · ·	1		
	Other (specify)	0 0	240.00			
в.	Full Name (Last, First, Middle Initial) RONALD M LEVINE			Date of Receipt		
	Mailing Address 4037 Jordan Lake Place	9		12 30 Y Y Y Y 12 30 2005		
	City	State	Zip Code	Transaction ID: 12207616		
	Marietta	GA	33602	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		30.00		
	Name of Employer ARINSO International	Occupatio Vice Pres	n sident of Sales, SE			
	Receipt For:		e Year-to-Date V	_		
	Primary General		270.00	1		
	Other (specify) 🔻	0.0	370.00			
с.	Full Name (Last, First, Middle Initial) CHERYL LOMBARDI			Date of Receipt		
	Mailing Address 1331 North California B	lvd, Ste 30		12 30 Y Y Y Y Y 12 30 2005		
	City	State	Zip Code	Transaction ID: 12207413		
	Walnut Creek	CA	94596-4536	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		80.00		
	Name of Employer Claremont Insurance Servi-	Occupatio Insuranc				
	000		e Year-to-Date V			
	Primary General		000.00	1		
	Other (specify)		980.00			
s	UBTOTAL of Receipts This Page (optional)			130.00		
Т	OTAL This Period (last page this line number c	only)				

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 148 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and Sta for commercial purposes, other than using the r			
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwr	iters PAC ((HUPAC)	_
Α.	Full Name (Last, First, Middle Initial) JUAN LOPEZ			Date of Receipt
	Mailing Address 200 N. Lewis Street			12 / 30 / Y Y Y Y 12 / 30 / 2005
	City	State	Zip Code	Transaction ID: 12207581
	Orange	CA	92868-1538	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Kaiser Permanente	Occupatio Manager		
	Receipt For:	<u> </u>	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		360.00]
в.	Full Name (Last, First, Middle Initial) SUSAN TULLIS LUVISI			Date of Receipt
	Mailing Address 1665 San Marco Boulev	vard		12 [/] ^{DD} / <u>YYY</u> 12 [/] 2005
	City	State	Zip Code	Transaction ID: 12207618
	Jacksonville	FL	32207-3001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer James F. Tullis & Associa-	Occupatio		
	tes, Inc. Receipt For:	Insuranc Aggregate	e Year-to-Date V	_
	Primary General Other (specify) ▼		240.00]
 c.	Full Name (Last, First, Middle Initial) MAURICE LYONS			Date of Receipt
-	Mailing Address 301 Madison Avenue 4	th Floor		12 30 2005
	City	State	Zip Code	Transaction ID: 12207412
	New York	NY	10017-8103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer The Medical Link Inc.	Occupatio Presiden		
	Receipt For: Primary General Other (specify) v	Aggregate	e Year-to-Date ▼ 740.00]
s	UBTOTAL of Receipts This Page (optional)			130.00
Т	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 226 (check only one)			
	y information copied from such Reports and Sta for commercial purposes, other than using the r			on for the purpose of soliciting contributions			
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC ((HUPAC)				
A.	Full Name (Last, First, Middle Initial) LINDA MACKEY			Date of Receipt			
	Mailing Address PO Box 1001			M M / D D / Y Y Y Y 12 30 2005			
	City	State	Zip Code	Transaction ID: 12207517			
	Tyrone	GA	30290-1001	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		10.00			
	Name of Employer Linda Mackey Insurance	Occupation Insurance					
	Inc Receipt For:		e Year-to-Date V	_			
	Primary General Other (specify) ▼		310.00]			
в.	Full Name (Last, First, Middle Initial) DALE W MALONEY			Date of Receipt			
	Mailing Address 125 South Swoope Aver	nue Suite	210	M M / D D / Y Y Y Y 12 / 30 / 2005			
	City	State	Zip Code	Transaction ID: 12207375			
	Maitland	FL	32751-5784	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer Benefits Division Inc.	Occupation Insurance					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify)	0 0	1260.00]			
С.	Full Name (Last, First, Middle Initial) DONNA MCCRIGHT			Date of Receipt			
	Mailing Address 4851 LBJ Freeway Ste	1100		M M / D D / Y Y Y Y 12 30 2005			
	City Dallas	State TX	Zip Code 75244-6004	Transaction ID: 12207652 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer BenefitMall	Occupation Sales Ad	n Iministration Supervisor				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00]			
s	UBTOTAL of Receipts This Page (optional)			130.00			
Т	FOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 150 / 226 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Dotallou Cultimary Pago	13 14 15 16 17		
	y information copied from such Reports and Sta for commercial purposes, other than using the n					
Ν	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	National Association of Health Underwri					
A.	Full Name (Last, First, Middle Initial) RYAN R MCDERMOTT			Date of Receipt		
	Mailing Address 883 West Baxter Drive			1 2 3 0 2 0 0 5		
	City	State	Zip Code	Transaction ID: 12207475		
	South Jordan	UT	84095-8506	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		20.00		
	Name of Employer McDermott Company & Assoc-	Occupation Insurance				
	iates Receipt For:		e Year-to-Date V			
	Primary General		240.00	1		
	Other (specify) v	0 0	240.00			
В.	Full Name (Last, First, Middle Initial) REINE MORRIS			Date of Receipt		
	Mailing Address P. O. Box 1271			12 / D D / Y Y Y Y 12 30 2005		
	City	State	Zip Code	Transaction ID: 12207498		
	Portland	OR	97207-1271	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer Regence BlueCross BlueShi- eld	Occupation Account	n Representative			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General		240.00	1		
	Other (specify) v	0 0				
C.	Full Name (Last, First, Middle Initial) CAROLYNNE MULDOON			Date of Receipt		
	Mailing Address 457 Main Street			12 / D D / Y Y Y Y 2005		
	City	State	Zip Code	Transaction ID: 12207514		
	Longmont	CO	80501-5534	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer Milestone Insurance Agency	Occupation Owner	n			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify)		280.00	1		
	5 (spoon)) v	0 0	0 0 0 0 0 0 0 0	1		
s	UBTOTAL of Receipts This Page (optional)			60.00		
т	OTAL This Period (last page this line number or	nly)				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 151 / 226 (check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
	y information copied from such Reports and Sta for commercial purposes, other than using the n					
\sum	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	National Association of Health Underwri	iters PAC (HUPAC)			
Α.	Full Name (Last, First, Middle Initial) RON J NEZAT			Date of Receipt		
	Mailing Address PO Box 91180			1 2 / 3 0 / Y Y Y Y 1 2 0 0 5		
	City	State	Zip Code	Transaction ID: 12207477		
	Lafayette	LA	70509-1180	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer Global Financial Resources Inc.	Occupation Insurance		-		
	Receipt For:		e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	260.00]		
в.	Full Name (Last, First, Middle Initial) NICHOLAS A OGDEN			Date of Receipt		
	Mailing Address PO Box 3725			1 2 3 0 Y Y Y Y Y 1 2 3 0 2 0 0 5		
	City	State	Zip Code	Transaction ID: 12207479		
	Wilmington	NC	28409-8134	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer David Hill and Associates, INC	Occupation Insurance				
	Receipt For:	Aggregate	e Year-to-Date V			
	Other (specify)		240.00]		
<u></u>	Full Name (Last, First, Middle Initial) STEVE PAOLUCCI			Date of Receipt		
	Mailing Address 2305 W. Berry Avenue			1 2 / 3 0 / Y Y Y Y 1 2 / 3 0 / 2 0 0 5		
	City	State	Zip Code	Transaction ID: 12207648		
	Littleton	CO	80120-1177	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	<u></u>		n e Agent			
			e Year-to-Date 🔻	1		
	Other (specify)		275.00			
s	UBTOTAL of Receipts This Page (optional)			65.00		
Т	OTAL This Period (last page this line number or	nly)				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 152 / 226 (check only one)			
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12			
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions			
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)	itore BAC (
\square	National Association of Health Underwr	ileis PAU (
Α.	Full Name (Last, First, Middle Initial) ROBERT P POLI			Date of Receipt			
	Mailing Address 6101 Executive Bouleva	rd Suite 1	2	1 2 3 0 Y Y Y Y 1 2 3 0 2 0 0 5			
	City	State	Zip Code	Transaction ID: 12207386			
	Rockville	MD	20852-3907	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer Insurance Marketing Center	Occupation		-			
	Inc. Receipt For:	Insurance Aggregate	e Year-to-Date V	-1			
	Primary General	33. 59410		1			
	Other (specify) v	0 0	240.00				
в.	Full Name (Last, First, Middle Initial) SUSAN MALEY_RASH			Date of Receipt			
	Mailing Address 2108 West Laburnum A	venue Sui	te 3	1 2 3 0 2 0 0 5			
	City	State	Zip Code	Transaction ID: 12207389			
	Richmond	VA	23227-4300	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer BB&T Benefit Consultants	Occupation					
	of Virginia Receipt For:		Year-to-Date V				
	Primary General			1			
	Other (specify)	0.0	1000.00				
<u>с.</u>	Full Name (Last, First, Middle Initial) MARK C RILEY			Date of Receipt			
	Mailing Address PO Box 1635			M M / D D / Y Y Y Y 12 30 2005			
	City	State	Zip Code	Transaction ID: 12207392			
	Irmo	SC	29063	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer American Benefit Services	Occupation Insurance					
			Year-to-Date V	_			
	Primary General		240.00	1			
_	Other (specify)	0 0					
s	UBTOTAL of Receipts This Page (optional)			90.00			
Т	OTAL This Period (last page this line number o	nly)					

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and Sta for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) National Association of Health Underwr			
<u> </u>	Full Name (Last, First, Middle Initial) ALINE ROBERTS Mailing Address 3537 Old Conejo Rd., S	Ste 114		Date of Receipt
	City	State	Zip Code	1 2 3 0 2 0 0 5 Transaction ID: 12207568
	Newbury Park	CA	91320-6189	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
	Name of Employer Insurance Dimensions	Occupatio Insuranc		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1120.00]
в.	Full Name (Last, First, Middle Initial) WILLIAM D ROBINSON			Date of Receipt
	Mailing Address 739 East Jackson Stree	et		12 30 Y Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207445
	Martinsville	IN	46151-2033	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer American Community Mutual Insurance	Occupatio Insuranc		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00]
	Full Name (Last, First, Middle Initial) MEL A SCHLESINGER			Date of Receipt
-	Mailing Address PO Box 30100			1 2 3 0 2 0 0 5
	City Winston Salem	State NC	Zip Code 27130-0100	Transaction ID: 12207631
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 85.00
	Name of Employer The Rainmakers Group Inc.	Occupatio Insuranc		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 745.00]
s	 UBTOTAL of Receipts This Page (optional)			190.00
Т	OTAL This Period (last page this line number c	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underw	riters PAC ((HUPAC)	
<u>А</u> .	Full Name (Last, First, Middle Initial) JAMES D SCHULZ Mailing Address 7101 S. 82nd St.			Date of Receipt
				12 30 2005
	City Lincoln	State NE	Zip Code 68516-6574	Transaction ID: 12207633 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Midlands Financial Benefi- ts Receipt For:	Occupatio Insuranc		_
	Primary General Other (specify) ▼		960.00]
в.	Full Name (Last, First, Middle Initial) THOMAS SHORES			Date of Receipt
	Mailing Address 8596 W Bolsa Ct.			1 2 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207450
	Boise	ID	83709-5196	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer T.A. Shores Inc.	Occupatio Business	n s Growth Specialist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Bob G Shupe			Date of Receipt
•	Mailing Address PO Box 2344			1 2 3 0 2 0 0 5
	City Brentwood	State TN	Zip Code 37024-2344	Transaction ID: 12207397
	FEC ID number of contributing federal political committee.	C	37024-2344	Amount of Each Receipt this Period 40.00
	Name of Employer ESP Inc	Occupatio Insuranc		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)			140.00
Т	OTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 155 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left \right $	NAME OF COMMITTEE (In Full)			
\angle	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) DEWAYNE SIMPSON			Date of Receipt
	Mailing Address 11503 Rocky Valley Dr			M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207429
	Little Rock	AR	72212-3035	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer AFLAC	Occupatio		
	Receipt For:	Insurance	e Agent e Year-to-Date V	
	Primary General	Aggrogate		1
	Other (specify)	0 0	240.00	
в.	Full Name (Last, First, Middle Initial) ANNE P SPERLING			Date of Receipt
	Mailing Address 25 Antigua Road			M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207400
	Santa Fe	NM	87508-2201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer Daniels Insurance Inc.	Occupatio	ⁿ e Benefits Manager	
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		580.00]
 C.	Full Name (Last, First, Middle Initial) CAROL STEELE			Date of Receipt
	Mailing Address 1000 South Cleveland-N	lassillon R	d	M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207510
	Akron	OH	44333-9204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Benefit Designs Inc.	Occupation Insurance		
	Receipt For:		e Year-to-Date V	-1
	Primary General		440.00	1
_	Other (specify)			
s	UBTOTAL of Receipts This Page (optional)			70.00
т	OTAL This Period (last page this line number or	nly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	tomosto mo	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 226 (check only one)
	for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) National Association of Health Underwri	iters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) JULIA M STEVERSON			Date of Receipt
	Mailing Address PO Box 2008			1 2 / 3 0 / Y Y Y Y 1 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207401
	Fallon	NV	89407-2008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Western Nevada Insurance	Occupatio	n	
	Services, Inc Receipt For:	Agent	e Year-to-Date V	
	Primary General	Aggregati		1
	Other (specify)	0 0	240.00	
В.	Full Name (Last, First, Middle Initial) Paul D. Taylor			Date of Receipt
	Mailing Address 5007 Carriage Drive Sui	te G-1		
	City	State	Zip Code	Transaction ID: 12207488
	Roanoke	VA	24018-1937	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Taylor Insurance	Occupatio Presiden		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	240.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) Donald B. Thompson			Date of Receipt
	Mailing Address 9700 Ormsby Station Re	d. #200		M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207402
	Louisville	KY	40223-4207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer Thompson Associates Inc.	Occupatio Insuranc	e Agent	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 1800.00]
s	UBTOTAL of Receipts This Page (optional)			190.00
Т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 157 / 226 (check only one)			
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12			
			Detailed Summary Page				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
\rangle	National Association of Health Underwri	iters PAC (HUPAC)				
Α.	Full Name (Last, First, Middle Initial) DANIEL R TOMPKINS, JR			Date of Receipt			
	Mailing Address PO Box 1810			1 2 / D D / Y Y Y Y 1 2 0 0 5			
	City	State	Zip Code	Transaction ID: 12207403			
	Roswell	GA	30077-1810	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer Admin America	Occupation Insurance					
	Receipt For:		e Year-to-Date 🔻	_			
	Primary General			1			
	Other (specify)	0 0	360.00				
в.	Full Name (Last, First, Middle Initial) Eric S. Townsend			Date of Receipt			
	Mailing Address 1658 Presto Avenue			12 ^{//} 2005			
	City	State	Zip Code	Transaction ID: 12207582			
	Indianapolis	IN	46224-5640	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer Mutual of Omaha	Occupation Insurance					
	Receipt For:		e Year-to-Date 🔻				
	Primary General		260.00	1			
	Other (specify) ▼	0 0	200.00				
C.	Full Name (Last, First, Middle Initial) ALBERT J TRAVASOS			Date of Receipt			
	Mailing Address 2255 Glades Road, Suit			1 2 / D D / Y Y Y Y 1 2 0 0 5			
	City Boca Raton	State FL	Zip Code 33431-7379	Transaction ID: 12207404 Amount of Each Receipt this Period			
	FEC ID number of contributing						
	federal political committee.	C		45.00			
	Name of Employer John Hancock	Occupation Insurance					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Primary General		495.00	1			
	Other (specify)	0 0					
s	UBTOTAL of Receipts This Page (optional)			95.00			
Т	OTAL This Period (last page this line number or	nly)					

9	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 158 / 226
	· · · ·	Use separate schedule(s) or each category of the Detailed Summary Page		(check only one)
11	EMIZED RECEIPTS			X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC ((HUPAC)	
́А.	Full Name (Last, First, Middle Initial) WENDY VANDERWATER	Date of Receipt		
	Mailing Address 515 West Southwest Lo	op 323		12 30 2005
	City	State	Zip Code	Transaction ID: 12207497
	Tyler	ТХ	75701-9455	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Threlkeld & Company Insur-	Occupatio		
	ance Receipt For:	Insuranc Aggregate	e Year-to-Date V	_
	Primary General		· · · · · · · · · · · · · · · · · · ·	1
	Other (specify)	0 0	295.00	
В.	Full Name (Last, First, Middle Initial) PETER VINTON			Date of Receipt
	Mailing Address 9480 Deereco Road			M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207435
	Timonium	MD	21093-2102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Corporate Coverage LLC	Occupatio		-
	Receipt For:	Insuranc Aggregate	e Agent e Year-to-Date V	_
	Primary General	riggrogai		1
	Other (specify)	0.0	960.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) M HUGHES WAREN			Date of Receipt
-	Mailing Address P.O. Box 7661			12 30 2005
	City	State	Zip Code	Transaction ID: 12207639
	Wilmington	NC	28406-7661	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Ebenconcepts Inc.	Occupatio Insuranc		
	Receipt For:	-	e Year-to-Date V	
	Primary General	3334		1
	Other (specify)		520.00	
				145.00
s	UBTOTAL of Receipts This Page (optional)		····· •	

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 159 / 226 (check only one)			
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12			
			Detailed Summary 1 age	13 14 15 16 17			
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
\sum	NAME OF COMMITTEE (In Full)						
\backslash	National Association of Health Underwr	iters PAC ((HUPAC)				
Α.	Full Name (Last, First, Middle Initial) JOHN L WARWICK			Date of Receipt			
	Mailing Address PO Box 272 1907 B Mangrove Ave.			1 2 / 3 0 / Y Y Y Y 1 2 0 0 5			
	City	State	Zip Code	Transaction ID: 12207548			
	Chico	CA	95927-0272	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		85.00			
	Name of Employer John Warwick Insurance	Occupation Insurance					
	Receipt For:	-	e Year-to-Date V				
	Primary General		1060.00	1			
	Other (specify) v	0 0	1060.00				
в.	Full Name (Last, First, Middle Initial) Amy R. Webb			Date of Receipt			
	Mailing Address 7 E. Main Street Suite 200			1 2 / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5			
	City	State	Zip Code	Transaction ID: 12207405			
	Moorestown	NJ	08057-3831	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer Saratoga Benefit Services LLC.	Occupation Insurance		_			
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		240.00	1			
	Other (specify) 🔻	0 0					
C.	Full Name (Last, First, Middle Initial) DAVID B WILLS			Date of Receipt			
	Mailing Address 902 Brynwood Dr			M M M / D D / Y Y Y Y 12 / 30 / 2005			
	City	State TN	Zip Code	Transaction ID: 12207407			
	Chattanooga		37415-3306	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer D. B. Wills & Co.	Occupation Presiden					
	Receipt For:	Aggregate	e Year-to-Date 🔻				
	Other (specify) ▼	1 I 1 I	360.00]			
				135.00			
	UBTOTAL of Receipts This Page (optional)						
ΙT	OTAL This Period (last page this line number of	nly)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 160 / 226 (check only one)			
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	\mathbf{X} 11a 1 11b 1 11c 1 12			
			Detailed Summary Page				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.			
∇	NAME OF COMMITTEE (In Full)						
\geq	National Association of Health Underwri	iters PAC ((HUPAC)				
Α.	Full Name (Last, First, Middle Initial) STEVEN L WILSON			Date of Receipt			
	Mailing Address 1151 Red Mile Road			1 2 / 3 0 / Y Y Y Y Y 1 2 0 0 5			
	City	State	Zip Code	Transaction ID: 12207482			
	Lexington	KY	40504-2645	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer Benefit Insurance Marketi-	Occupation Insurance					
	ng Receipt For:		e Year-to-Date V				
	Primary General		· · · · · · · · · · · · · · · · · · ·	1			
	Other (specify)	0 0	610.00				
в.	Full Name (Last, First, Middle Initial) STEVEN L WILSON			Date of Receipt			
	Mailing Address 1151 Red Mile Road			12 30 2005			
	City	State	Zip Code	Transaction ID: 12207493			
	Lexington	KY	40504-2645	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer Benefit Insurance Marketi- ng	Occupation Insurance		_			
	Receipt For:	1	e Year-to-Date V				
	Primary General		660.00	1			
	Other (specify) v	0 0					
C.	Full Name (Last, First, Middle Initial) STEPHEN J WOOLSTON			Date of Receipt			
	Mailing Address 525 East 100 South Su	ite 200		12 ^D ^D ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y ^Y			
	City Salt Lake City	State UT	Zip Code 84102-2067	Transaction ID: 12207410			
	FEC ID number of contributing		84102-2007	Amount of Each Receipt this Period			
	federal political committee.	C		20.00			
	Name of Employer GBS Benefits Inc.	Occupation Insurance					
	Receipt For:	-	e Year-to-Date V				
	Primary General		240.00	1			
	Other (specify)	0 0					
s	UBTOTAL of Receipts This Page (optional)			90.00			
Т	OTAL This Period (last page this line number or	nly)					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 161 / 226 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a \Box 11b \Box 11c \Box 12
			Detailed Summary Fage	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwri			
Α.	Full Name (Last, First, Middle Initial) A. DENNY WRIGHT Mailing Address 111 East Ludwig Road Suite 108			Date of Receipt
				M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207447
	Fort Wayne	IN	46825-4240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Occu IntraHealth Solutions In-			_
	Receipt For:		e Year-to-Date ▼	-
	Primary General		1050.00	1
	Other (specify)	0 0	1050.00	
в.	Full Name (Last, First, Middle Initial) DENNY WRIGHT			Date of Receipt
	Mailing Address 111 East Ludwig Road	Suite 108		1 2 3 0 Y Y Y Y Y 1 2 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207495
	Fort Wayne	IN	46825-4240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer IntraHealth Solutions In- c	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		1130.00	1
	Other (specify)	0 0	0 0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Robert J Bishop			Date of Receipt
	Mailing Address 2785 East Desert Inn Ro	d. #134		M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207434
	Las Vegas	NV	89121-3623	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer KIA Insurance	Occupation Insurance		
	Receipt For:		e Year-to-Date 🔻	
	Primary General		1008.00	1
	Other (specify)	0 0		
s	UBTOTAL of Receipts This Page (optional)			174.00
Т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 162 / 226 (check only one)
IT	EMIZED RECEIPTS		or each category of the	\overline{X} 11a 11b 11c 12
			Detailed Summary Page	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwri			
Α.	Full Name (Last, First, Middle Initial) WILLIAM J BRANNON			Date of Receipt
	Mailing Address 7 Terrace Way Suite C			1 2 / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207351
	Greensboro	NC	27403-3666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Group US Inc.	Occupation Insurance		
	Receipt For:		e Year-to-Date V	_
	Primary General Other (specify) ▼	0 0	300.00]
В.	Full Name (Last, First, Middle Initial) DOROTHY M COCIU			Date of Receipt
	Mailing Address P.O. Box 1941			1 2 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207353
	Big Bear Lake	CA	92315-1941	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Advanced Benefit Consulti-	Occupation Insurance		_
	ng & Insuranc Receipt For:		e Year-to-Date V	_
	Primary General Other (specify) ▼		960.00	1
	Full Name (Last, First, Middle Initial)			
C.	CAROL A CUTTER			Date of Receipt
	Mailing Address 624 Griffin Road Suite E			1 2 / D D / Y Y Y Y 3 0 / 2 0 0 5
	City Indianapolis	State IN	Zip Code 46227-8504	Transaction ID: 12207535 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Indiana Dept. of Insurance	Occupation Insurance		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00]
s	UBTOTAL of Receipts This Page (optional)		•••••	145.00
Т	OTAL This Period (last page this line number or	ıly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 163 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwr	iters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) RUSH DAVID DIXON			Date of Receipt
	Mailing Address 1375 Piccard Drive			12 30 Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207594
	Rockville	MD	20850-4311	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Early Cassidy and Schilli-	Occupation		
	ng Receipt For:		nployee Benefits e Year-to-Date V	
	Primary General	Ayyreyate		1
	Other (specify)	0 0	1200.00	
В.	Full Name (Last, First, Middle Initial) STEVEN H DODDER			Date of Receipt
	Mailing Address PO Box 2069			1 2 3 0 Y Y Y Y 1 2 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207462
	Monument	CO	80132-2069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Time Insurance/Assurant	Occupatio		
	Health Receipt For:		Sales Director	_
	Primary General	, iggi ogaio		1
	Other (specify) v	0 0	720.00	
с.	Full Name (Last, First, Middle Initial) MICHAEL A EMBRY, SR			Date of Receipt
	Mailing Address 20700 Civic Center Driv	e Suite 25	5	M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207597
	Southfield	MI	48076-4133	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Comerica Insurance Servic- es Inc.	Occupation	ⁿ up Benefits Division	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	290.00]
s	UBTOTAL of Receipts This Page (optional)			170.00
	OTAL This Period (last page this line number of			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 164 / 226			
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)			
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$			
	y information copied from such Reports and St for commercial purposes, other than using the			on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
	National Association of Health Underwi	riters PAC (HUPAC)				
<u>۸</u> .	Full Name (Last, First, Middle Initial) Wesley Foster			Date of Receipt			
	Mailing Address 411 Copper Circle			12 / 30 / Y Y Y Y 12 / 30 / 2005			
	City	State	Zip Code	Transaction ID: 12207661			
	Argyle	TX	76226-7333	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		20.00			
	Name of Employer BenefitMall	Occupation Insurance					
	Receipt For:		e Year-to-Date ▼				
	Primary General Other (specify) ▼		240.00]			
в.	Full Name (Last, First, Middle Initial) CHARLES T GARTLAN			Date of Receipt			
	Mailing Address PO Box 1268			12 / 30 / Y Y Y Y 12 / 30 / 2005			
	City	State	Zip Code	Transaction ID: 12207598			
	Toms River	NJ	08754-1268	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		40.00			
	Name of Employer BenefitPort LLC	Occupation Insurance					
	Receipt For:	Aggregate	e Year-to-Date V				
	Other (specify) ▼	0 0	530.00]			
<u></u>	Full Name (Last, First, Middle Initial) RICHARD R GIRDLER, JR			Date of Receipt			
	Mailing Address 113 Seaboard Lane Su	uite C-170		1 2 / D D / Y Y Y Y 1 2 / 30 / 2005			
	City	State	Zip Code	Transaction ID: 12207360			
	Franklin	TN	37067-8281	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		25.00			
	Name of Employer Cowan Benefit Services Inc.	Occupation Insurance	e Agent				
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	1			
6	UBTOTAL of Receipts This Page (optional)			85.00			
	OTAL This Period (last page this line number of						

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 165 / 226 (check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Bolailoù Guinnary Fugo	13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
Ν	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) GERALD G HARTMAN			Date of Receipt
	Mailing Address 1487 S. David Lane PO Box 5716			1 2 / 3 0 / Y Y Y Y 1 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207602
	Boise	ID	83705-0716	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Insurance Network America	Occupation		
	Inc	Insurance	•	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	665.00	
в.	Full Name (Last, First, Middle Initial) SHEILA HARTMAN			Date of Receipt
	Mailing Address 21700 Oxnard St. # 12	70		1 2 3 0 Y Y Y Y 1 2 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207509
	Woodland Hills	CA	91367-3669	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Financial Independence Co-	Occupation Insurance		-
	mpany Receipt For:		e Year-to-Date V	
	Primary General	, iggi oguto		1
	Other (specify) v	0 0	800.00	
с.	Full Name (Last, First, Middle Initial) HUGH R HENDRICKSON			Date of Receipt
	Mailing Address 1019 Pacific Ave. Suite	1110		12 30 2005
	City	State	Zip Code	Transaction ID: 12207605
	Tacoma	WA	98402-4468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Strategic Employee Benefit	Occupation		_
	Services Receipt For:	Insurance Aggregate	e Agent e Year-to-Date V	
	Primary General	, iggi oguto		1
	Other (specify)	0 0	280.00	
s	UBTOTAL of Receipts This Page (optional)			135.00
Т	OTAL This Period (last page this line number of	nly)	· · ·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 226 (check only one)
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions
$\sum_{i=1}^{n}$	NAME OF COMMITTEE (In Full) National Association of Health Underwr			
A.	Full Name (Last, First, Middle Initial) W. RICHARD HERD	Date of Receipt		
	Mailing Address 883 West Baxter Drive			12 30 Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207606
	South Jordan FEC ID number of contributing		84095-8506	Amount of Each Receipt this Period
	federal political committee.	C		
	Name of Employer McDermott Company & Asso- ciates Inc.	Occupatio Employe	n e Benefits & Pensions	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	240.00]
в.	Full Name (Last, First, Middle Initial) JAIME D HERNANDEZ			Date of Receipt
	Mailing Address 804 S. Bel Aire Drive			1 2 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207363
	Burbank	CA	91501-1522	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Jardez Financial & Insura- nce Inc.	Occupatio Insuranc		
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	600.00]
<u> </u>	Full Name (Last, First, Middle Initial) Sheri S Hokin			Date of Receipt
	Mailing Address 3330 Dundee Road Sui	te C-3		1 2 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207368
	Northbrook FEC ID number of contributing		60062-2328	Amount of Each Receipt this Period
	federal political committee.	C		20.00
	Name of Employer Hokin Sternberg Insurance Services	Occupatio Insuranc		
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼	0 0	300.00]
s	LUBTOTAL of Receipts This Page (optional)			90.00
Т	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167 / 226 (check only one) X X 11a
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC ((HUPAC)	
A.	Full Name (Last, First, Middle Initial) DAVID S JOHNSON Mailing Address P. O. Box 871129			Date of Receipt
				12 30 2005
	City	State	Zip Code	Transaction ID: 12207370
	Stone Mountain	GA	30087-0029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer David S. Johnson Insurance	Occupatio		
	Receipt For:		Executive e Year-to-Date V	_
	Primary General Other (specify) ▼		740.00]
в.	Full Name (Last, First, Middle Initial) SANDRA JOHNSON			Date of Receipt
	Mailing Address 12500 Network Blvd #	403		1 2 3 0 Y Y Y Y 1 2 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207667
	San Antonio	ТХ	78249-3310	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer Hairston Johnson & Assoc- iates PLLC	Occupatio Insuranc		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00]
<u>с.</u>	Full Name (Last, First, Middle Initial) ROY W KERN			Date of Receipt
	Mailing Address 1722 S Glenstone Ave S P.O. Box 10906 GS	Ste II		M M / D D / Y Y Y Y 12 / 30 / 2005
	City Sprinafield	State	Zip Code	Transaction ID: 12207613
		MO	65804-1516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Roy W Kern & Associates	Occupatio Insuranc		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 240.00]
s	UBTOTAL of Receipts This Page (optional)			95.00
Т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 168 / 226		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$		
	y information copied from such Reports and Sta for commercial purposes, other than using the r			on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)					
	National Association of Health Underwr	iters PAC (HUPAC)			
<u>́</u> А.	Full Name (Last, First, Middle Initial) ROBERT M LAY			Date of Receipt		
	Mailing Address 3112 Forest Avenue			1 2 / D D / Y Y Y Y 1 2 0 0 5		
	City	State	Zip Code	Transaction ID: 12207473		
	Fort Worth	TX	76112-7002	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		25.00		
	Name of Employer Lay & Williams Insurance	Occupation Insurance				
	Services Receipt For:	-	e Year-to-Date V	_		
	Primary General	1 1	300.00	1		
	Other (specify) 🔻	0 0	300.00			
в.	Full Name (Last, First, Middle Initial) MICHAEL E MATZNICK			Date of Receipt		
	Mailing Address PO Box 38248 3300 Battleground Ave.	#200 (27/	1	12 / ^D D / Y Y Y Y 12 30 2005		
	City	State	Zip Code	Transaction ID: 12207620		
	Greensboro	NC	27438-8248	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		85.00		
	Name of Employer EbenConcepts Company	Occupation Insurance		-		
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Other (specify)		400.00	1		
		0 0				
C.	Full Name (Last, First, Middle Initial) LESLIE E MCGERR			Date of Receipt		
	Mailing Address 6125 Havelock Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 12207621		
	Lincoln	NE	68507-1234	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer Les McGerr & Company	Occupation Insurance				
	Receipt For:	Aggregate	e Year-to-Date V			
	Other (specify) ▼	0 0	240.00]		
				130.00		
s	UBTOTAL of Receipts This Page (optional)					
т	OTAL This Period (last page this line number o	nly)				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		FOR LINE NUMBER: PAGE 169/226 (check only one)
••			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline & 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
Ν	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwr	iters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) PATRICIA MILLER	Date of Receipt		
	Mailing Address PO Box 8357			1 2 / 3 0 / Y Y Y Y 1 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207659
	Tyler	TX	75711-8357	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Hibbs-Hallmark & Company	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify) ▼	0 0	240.00]
в.	Full Name (Last, First, Middle Initial) LINDA J NEW			Date of Receipt
	Mailing Address P. O. Box 28543			1 2 3 0 Y Y Y Y 1 2 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207624
	Austin	ТХ	78755-8543	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer New Insurance Benefits	Occupation Insurance		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	260.00]
<u> </u>	Full Name (Last, First, Middle Initial) Peagy Olson			Date of Receipt
	Mailing Address P O Box 14725			12 / 30 / Y Y Y Y 12 / 30 / 2005
	City	State	Zip Code	Transaction ID: 12207552
	Portland	OR	97293-0725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		15.00
	Name of Employer Healthwise Insurance Plan- ning	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	230.00]
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Invertemention capiest from such Reports and Statements may not be odd or used by any pesson for the purpose of solicit contributions from such committee. NAME OF COMMITTEE (in Full) National Association of Health Underwriters PAC (HUPAC) A juil Name (Last, First, Middle Initial) A juils association of Health Underwriters PAC (HUPAC) A juils and (Last, First, Middle Initial) A juils address 2175 NW 86th Street Suite 14 City State Date of Receipt B full Name (Last, First, Middle Initial) B full Name (Last, First, Middle Initial) B will LuxAH PrevinterYON Mailing Address B full Name (Last, First, Middle Initial) B will LuxAH PrevinterYON Mailing Address B full Name (Last, First, Middle Initial) B will LuxAH PrevinterYON Mailing Address B full Name (Last, First, Middle Initial) B will LuxAH PrevinterYON Mailing Address C juils		TIEMIZED RECEIPTS								
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National Association of Health Underwriters PAC (HUPAC) A Jesse A PARTON Mailing Address 2175 NW 86th Street Suite 14 City State Zp Code Dest Molnes IA 50325-5557 PEC ID number of contributing rederal political committee. C Transaction ID: 12207627 Association Street IA 50325-5557 Amount of Each Receipt IN: Period PEC ID number of contributing rederal political committee. C Period Primary 225.00 Name (Last, First, Middle Initial) Aggregate Year-to-Date ▼ Pinnary 20.05 Transaction ID: 12207627 B. WILLIAM H PENNINGTON Mailing Address 4640 Woodbridge Drive Transaction ID: 12207544 Period City State Zip Code Transaction ID: 12207544 Period Period Mailing Address 64640 Woodbridge Drive NC 224-4550 Transaction ID: 12207544 Receipt For: Occupation President and Chief Executive Officer President and Chief Executive Officer Receipt For: Aggregate Year-to-Date V 20.00 Transaction ID: 12207547 City State Zip Code Transaction ID: 122075	Ar or	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
✓ Full Name (Last, First, Middle Initial) A. JESSE APATTON Maling Address 2175 NW 86th Street Suite 14 City State Zip Code Des Molnes IA 5025:557 FCID number d contributing rederal political committee. C Anount of Each Receipt this Period Primary General Coupelion 225:00 B. WILLIAM H FENNINGTON Aggregate Year-to-Date ▼ Transaction ID: 12207544 Address 4640 Woodbridge Drive Transaction ID: 12207544 Address 4640 Woodbridge Drive Transaction ID: 12207544 Maining Address 5709 North West Avenue C Peringery Primary General Other (specify) ▼ Coupelion Primary General City State FUI Name (Last, First, Middle Initial) NC Neme of Employee Aggregate Year-to-Date ▼ Perinary General Other (specify) ▼ Coupelion Receipt For: President and Chief Executive Officer Perinary General Other (specify) ▼ State Zip Code Transaction ID: 12207387 City	∇	NAME OF COMMITTEE (In Full)								
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rederal political committee.		Des Moines	IA	50325-5557	Amount of Each Receipt this Period					
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FEC ID number of contributing federal political committee. C 20.00 Name of Employer Pennington Associates Inc. Occupation President and Chief Executive Officer 230.00 Receipt For: Aggregate Year-to-Date ▼ 230.00 Chier (specify) ▼ 230.00 Date of Receipt City State Zip Code Fresno CA 93711-2366 FEC ID number of contributing federal political committee. Occupation Name of Employer Primary General Occupation Mailing Address 5709 North West Avenue Mailing Address Transaction ID: 12207387 Amount of Each Receipt For: Occupation Aggregate Year-to-Date ▼ 100.00 Name of Employer Occupation Insurance Agent Aggregate Year-to-Date ▼ Primary General Occupation 1100.00 1100.00		•		•						
Name of Employer Pennington Associates Inc. Occupation President and Chief Executive Officer Receipt For: Other (specify) ♥ Aggregate Year-to-Date ♥ Club Amee (Last, First, Middle Initial) 230.00 C. JAMES E PRICE, III Mailing Address 5709 North West Avenue Date of Receipt City State Zip Code Fresno CA 93711-2366 FEC ID number of contributing federal political committee. C Name of Employer Price Associates Insurance Services 1 Occupation Insurance Agent Receipt For: Primary General Occupation Occupation Insurance Agent Receipt For: Primary General Other (specify) ♥ Occupation Insurance Agent Aggregate Year-to-Date ♥ 1100.00		FEC ID number of contributing	0							
Pennington Associates Inc. President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 230.00 Full Name (Last, First, Middle Initial) 230.00 C. JAMES E PRICE, III Date of Receipt Mailing Address 5709 North West Avenue City State Zip Code Fresno CA 93711-2366 FEC ID number of contributing federal political committee. Occupation Name of Employer Price Associates Insurance Services I Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 0ther (specify) ▼		federal political committee.			20.00					
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federal political committee. Insurance Name of Employer Price Associates Insurance Services I Receipt For: Occupation Insurance Agent Primary General Other (specify) ▼ Image: Service of the service of t		Fresno	CA	93711-2366						
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TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 171 / 226 (check only one)			
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			Detailed Summary Page				
	ny information copied from such Reports and Sta for commercial purposes, other than using the r						
\sum	NAME OF COMMITTEE (In Full)						
\langle	National Association of Health Underwi	iters PAC (HUPAC)				
Α.	Full Name (Last, First, Middle Initial) JON C RAUSER			Date of Receipt			
	Mailing Address 400 East Wisconsin Av	enue #200)	1 2 / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5			
	City	State	Zip Code	Transaction ID: 12207390			
	Milwaukee	WI	53202-4499	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		170.00			
	Name of Employer The Rauser Agency Inc.	Occupation Insurance					
	Receipt For:		Year-to-Date ▼				
	Primary General		1460.00				
	Other (specify) v	0 0	1400.00				
в.	Full Name (Last, First, Middle Initial) EDWARD ROLING			Date of Receipt			
	Mailing Address 343 Six Forks Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City	State	Zip Code	Transaction ID: 12207428			
	Raleigh	NC	27609-7800	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		30.00			
	Name of Employer Delta Dental of North Car-	Occupation					
	olina Inc. Receipt For:	Insurance	e Agent e Year-to-Date ▼				
	Primary General	Ayyreyale		-			
	Other (specify)	0 0	360.00				
 c.	Full Name (Last, First, Middle Initial) FRANCIS A RUGGIERO			Date of Receipt			
	Mailing Address 15 Kennedy Drive			12 30 2005			
	City	State	Zip Code	Transaction ID: 12207485			
	Budd Lake	NJ	07828-1438	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		40.00			
	Name of Employer The Ruggiero Group LLC	Occupation Insurance					
	Receipt For:		e Year-to-Date ▼				
	Primary General Other (specify) ▼	0 0	500.00				
Г							
s	UBTOTAL of Receipts This Page (optional)			240.00			
т	OTAL This Period (last page this line number of	only)					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 172 / 226 (check only one)
			or each category of the Detailed Summary Page	X 11a 11b 11c 12
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	/ / not be sold or used by any perso dress of any political committee to	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwri	ters PAC (HUPAC)	
A.	Full Name (Last, First, Middle Initial) RAYMER M SALE, JR			Date of Receipt
	Mailing Address P. O. Box 424420 1255 Lakes Pkwy Ste 1	20 Zin 30(74	12 / ^D D / Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207395
	Lawrenceville	GA	30042	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer E2E Benefits Services In-	Occupation Insurance		
	c. Receipt For:		e Agent e Year-to-Date ▼	-
	Primary General		1260.00	1
	Other (specify)	0 0	1260.00	
в.	Full Name (Last, First, Middle Initial) JON SIVERS			Date of Receipt
	Mailing Address 10731 Treena St. # 109)		1 2 3 0 Y Y Y Y Y 1 2 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207662
	San Diego	CA	92131-1040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer BenefitPro Insurance Serv-	Occupation		
	ices Inc. Receipt For:	Insurance Aggregate	e Agent e Year-to-Date V	_
	Primary General	riggrogaio		1
	Other (specify)	0 0	240.00	
c.	Full Name (Last, First, Middle Initial) ROBERT C TRETTER			Date of Receipt
	Mailing Address 13016 Delmar Street			M M / D D / Y Y Y Y 12 30 2005
	City	State	Zip Code	Transaction ID: 12207489
	Leawood	KS	66209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			20.00
	Name of Employer Thomas McGee L.C.	Occupation Insurance		
	Receipt For:	Aggregate	e Year-to-Date V	_
	Primary General Other (specify) ▼		280.00]
				140.00
	UBTOTAL of Receipts This Page (optional)		••••••	
т	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 173 / 226			
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)			
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
Any information copied from such Reports and Statements ma				13 14 15 16 17			
Ar	for commercial purposes, other than using the na	solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)						
\rangle	National Association of Health Underwri	ters PAC (HUPAC)				
Α.	Full Name (Last, First, Middle Initial) THOMAS L VOITER			Date of Receipt			
	Mailing Address 100 Amaryllis Drive			1 2 / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5			
	City	State	Zip Code	Transaction ID: 12207490			
	Lafayette	LA	70503-3215	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer Physician's Mutual Insura- nce	Occupation Insurance					
	Receipt For:		Year-to-Date V				
	Primary General		880.00	1			
	Other (specify)	0 0	880.00				
в.	Full Name (Last, First, Middle Initial) GREG A YODER			Date of Receipt			
	Mailing Address 1055 Minnesota Avenue			1 2 / D D / Y Y Y Y 1 2 3 0 2 0 0 5			
	City	State	Zip Code	Transaction ID: 12207549			
	San Jose	CA	95125-2451	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer Ray Silva Insurance Assoc-	Occupation Insurance					
	iates Inc. Receipt For:		Year-to-Date V	_			
	Primary General			1			
	Other (specify)	0 0	2200.00				
с.	Full Name (Last, First, Middle Initial) ROBERT A ZIFF			Date of Receipt			
	Mailing Address 17 North Delmorr Avenu	е		12 / D D / Y Y Y Y 12 / 30 / 2005			
	City	State	Zip Code	Transaction ID: 12207644			
	Morrisville	PA	19067-6278	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		80.00			
	Name of Employer Avanti Benefits Corp	Occupation President					
			Year-to-Date V	1			
	Primary General		1160.00	1			
	Other (specify)	0 0	1100.00				
s	UBTOTAL of Receipts This Page (optional)		•••••	260.00			
т	OTAL This Period (last page this line number or	ıly)					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 174 / 226 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Faye	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwr			
Α.	Full Name (Last, First, Middle Initial) JOHN S HELMS			Date of Receipt
	Mailing Address 2000 N 14th Street			1 2 / 3 0 / Y Y Y Y 1 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207604
	Arlington	VA	22201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer John Helms & Associates	Occupation President		_
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		300.00]
<u> </u>	Full Name (Last, First, Middle Initial) SHARON R ROSS			Date of Receipt
	Mailing Address 2000 N. 14th Street			1 2 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207630
	Arlington	VA	22201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer United Healthcare	Occupation Health In	n surance Agent	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼	0 0	300.00]
 C.	Full Name (Last, First, Middle Initial) MARIA KENNEDY			Date of Receipt
	Mailing Address 1149 Court Street NE			1 2 3 0 2 0 0 5
	City	State	Zip Code	Transaction ID: 12207612
	Salem	OR	97301-4030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer Associated Oregon Industr- ies	Occupation Director of	n of Marketing	1
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		260.00]
s	UBTOTAL of Receipts This Page (optional)			60.00
	OTAL This Period (last page this line number of		-	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 / 226 (check only one) 11a X 11a 11b 13 14 15 16
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	ress of any political committee to	solicit contributions from such committee.
∇	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwrit	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) SUZY E. ALBERTS			Date of Receipt
	Mailing Address 22101 Michigan Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80593225158
	Dearborn	MI	48124-2204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Comerica Insurance Servic-	Occupation		
	es Receipt For:	Insurance	e Year-to-Date V	_
	Primary General	Aggregate		P/R Deduction (\$10.00 Mon-
	Other (specify)	0 8	260.00	thly)
в.	Full Name (Last, First, Middle Initial) STEPHEN D. ANDERSEN			Date of Receipt
	Mailing Address 7101 S. 82nd St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80594655158
	Lincoln	NE	68516-6574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Midlands Financial Benefi-	Occupation Insurance		
	Receipt For:		Year-to-Date V	_
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$40.00 Mon- thly)
<u>с</u>	Full Name (Last, First, Middle Initial) WILLIAM Chester ANDERSON			Date of Receipt
	Mailing Address 498 Palm Springs Drive	Suite 210		
	City	State	Zip Code	Transaction ID: PR80594935158
	Altamonte Springs	FL	32701-7805	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Occupation Benefit Port Marketing		g Representative	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$100.00 We- ekly)
s	UBTOTAL of Receipts This Page (optional)			160.00
Т	OTAL This Period (last page this line number on	ly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 176 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) KATHRYN Kathryn ANDERSON			Date of Receipt
	Mailing Address P. O. Box 7648			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80595155158
	Tyler	TX	75711-7648	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		160.00
	Name of Employer Strategies In Employee Be- nefits Inc.	Occupation Insurance		
	Receipt For:		e Year-to-Date V	_
	Primary General Other (specify) ▼	0 0	510.00	P/R Deduction (\$80.00 Mon- thly)
в.	Full Name (Last, First, Middle Initial) VIRGINIA T. ASHTON			Date of Receipt
	Mailing Address 1900 Electric Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80596465158
	Salem	VA	24153-7474	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Lewis-Gale Medical Center	Occupation Director	ⁿ of Provider Relations	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	230.00	P/R Deduction (\$20.00 Mon- thly)
<u>с.</u>	Full Name (Last, First, Middle Initial) KELLY Lee BECERRA			Date of Receipt
	Mailing Address 12105 Anne St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80600625158
	Omaha	NE	68105-3223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Midwest Benefit Advisors, Inc.	Occupation Insurance		
	Receipt For:		e Year-to-Date 🔻	
	Other (specify)	0 0	240.00	P/R Deduction (\$20.00 Mon- thly)
s	LUBTOTAL of Receipts This Page (optional)		·····	240.00
T T	OTAL This Period (last page this line number o	nly)	· · · · · · · · · · · · · · · · · · ·	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 177 / 226		
			Use separate schedule(s) or each category of the	(check only one)		
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.				
Ν	NAME OF COMMITTEE (In Full)					
$\langle \rangle$	National Association of Health Underwri	ters PAC (HUPAC)			
Α.	Full Name (Last, First, Middle Initial) DAVID C. BENSON	Date of Receipt				
	Mailing Address 6167 Bristol Parkway, #	370		M M / D D / Y Y Y Y 12 31 2005		
	City	State	Zip Code	Transaction ID: 12711909		
	Culver City	CA	90232	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		10.00		
	Name of Employer DCB Insurance Services	Occupatio	n			
	DCB insurance Services	Insuranc	e Agent			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General		510.00	1		
	Other (specify)	0 0				
<u> </u> В.	Full Name (Last, First, Middle Initial) BRUCE D BENTON			Date of Receipt		
	Mailing Address 19528 Ventura Boulevar					
		12 31 2005				
	City	State	Zip Code	Transaction ID: 12711911		
	Tarzana	CA	91356-2917	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		10.00		
	Name of Employer Genesis SmithBenton Insur-	Occupatio	n			
	ance & Financ	Insuranc	e Agent			
	Receipt For:	Aggregate	e Year-to-Date 🔻			
	Primary General		305.00	1		
	Other (specify) 🔻	0 0				
	Full Name (Last, First, Middle Initial) CHRISTINE BIZJACK			Date of Receipt		
	Mailing Address 6075 Poplar Avenue Su	iite 221		M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR80603405158		
	Memphis	TN	38119-0113	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		40.00		
	Name of Employer Humana	Occupatio				
	Receipt For:	Insurance	e Agent e Year-to-Date V			
	Primary General	Ayyreydle		P/P Doduction (\$20.00 Man		
	Other (specify) ▼		240.00	P/R Deduction (\$20.00 Mon- thly)		
s	UBTOTAL of Receipts This Page (optional)			60.00		
\vdash				-		

TOTAL This Period (last page this line number only)

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 / 226 (check only one) 11a 11b 11c 12 X 11a 14 15 16 17					
Ar or	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full)								
\geq	National Association of Health Underwri								
Α.	Full Name (Last, First, Middle Initial) Tracy Q Bradford			Date of Receipt					
	Mailing Address 866 Ridgeway Loop Roa	d, Suite 20	00	M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR80606755158					
	Memphis	TN	38120-4000	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		200.00					
	Name of Employer Clay & Land Insurance, In-	Occupation	1						
	c. Receipt For:	Agent	Year-to-Date V	_					
	Primary General Other (specify) ▼		1150.00	P/R Deduction (\$20.00 Wee-kly)					
в.	Full Name (Last, First, Middle Initial) RONALD S. BUFFUM			Date of Receipt					
	Mailing Address 1000 Heritage Center Ci	rcle		M M / D D / Y Y Y					
	City	State	Zip Code	Transaction ID: PR80610505158					
	Round Rock	TX	78664-4463	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		20.00					
	Name of Employer The Buffum Group	Occupation Insurance							
	Receipt For:		Year-to-Date V						
	Primary General Other (specify) ▼	0 0	410.00	P/R Deduction (\$10.00 Mon- thly)					
<u></u>	Full Name (Last, First, Middle Initial) JENNIFER BUNDY-COBB			Date of Receipt					
•	Mailing Address 3000 A Street Suite 400			M · M / D · D / Y · Y · Y · Y					
	City	State	Zip Code	Transaction ID: PR80610765158					
	Anchorage	AK	99501-5148	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		40.00					
	Name of Employer Occupation The Wilson Agency LLC Insurance		e Agent						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Mon- thly)					
s	260.00								
Т	OTAL This Period (last page this line number or	ıly)							

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	temente moi	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 179 / 226 (check only one)					
or	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.								
Ν	NAME OF COMMITTEE (In Full)								
\mathbb{Z}	National Association of Health Underwri								
Α.	Full Name (Last, First, Middle Initial) TIMOTHY BYRNE			Date of Receipt					
	Mailing Address 3113 West Beltline High	way		M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR80612375158					
	Madison	WI	53713-2830	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		50.00					
	Name of Employer Mortenson Matzelle & Mel- drum	Occupation Insurance	e Agent						
	Receipt For:	Aggregate	Year-to-Date V						
	Other (specify) ▼	0 0	320.00	P/R Deduction (\$25.00 Mon- thly)					
в.	Full Name (Last, First, Middle Initial) Pam Cearley			Date of Receipt					
	Mailing Address 3226 Brunside			M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR80615945158					
	San Antonio	TX	78216	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		40.00					
	Name of Employer Grande Healthcare	Occupation Insurance							
	Receipt For:		Year-to-Date ▼						
	Other (specify)	0 0	240.00	P/R Deduction (\$20.00 Mon- thly)					
<u></u>	Full Name (Last, First, Middle Initial) Steve M. Clement			Date of Receipt					
	Mailing Address 3010 Fenwood Trail			M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR80618735158					
	Roswell	GA	30075-4199	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		40.00					
	Name of Employer Occupation S.M.C. Consultants Inc. President								
	Receipt For: Primary General Other (specify) ▼	Aggregate	PYear-to-Date ▼ 240.00	P/R Deduction (\$20.00 Wee-kly)					
s	UBTOTAL of Receipts This Page (optional)		······	130.00					
T	TOTAL This Period (last page this line number only)								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 226 (check only one) 11a 11b 11c 12 13 14 15 16 17		
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\geq	National Association of Health Underwrit					
Α.	Full Name (Last, First, Middle Initial) SHARON DICORATO			Date of Receipt		
	Mailing Address 801 Pine Street Suite 40	31		M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR80629165158		
	Chattanooga	TN	37402-2520	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			40.00		
	Name of Employer Blue Cross Blue Shield of	Occupation				
	TN Receipt For:	Ŭ	, Individual Sales e Year-to-Date ▼	_		
	Primary General	riggrogaio		P/R Deduction (\$10.00 Mon-		
	Other (specify)	0 0	360.00	thly)		
в.	Full Name (Last, First, Middle Initial) CYNTHIA H. DOUCET			Date of Receipt		
	Mailing Address P. O. Box 91180			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR80631055158		
	Lafayette	LA	70509-1180	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		60.00		
	Name of Employer Global Financial Resources	Occupation Insurance				
	Inc. Receipt For:		e Year-to-Date V	-		
	Primary General Other (specify) ▼		380.00	P/R Deduction (\$30.00 Mon- thly)		
<u></u>	Full Name (Last, First, Middle Initial) Marcia A. Fender			Date of Receipt		
	Mailing Address 5801 East 41st Street, S	uite 711				
	City	State	Zip Code	Transaction ID: 12165664		
	Tulsa	OK	74135	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Occupation Rogers Benefit Group Insurance					
	Receipt For: Primary General		e Year-to-Date ▼	1		
	Other (specify) ▼	0 0	500.00]		
s	UBTOTAL of Receipts This Page (optional)		••••••	600.00		
Т	OTAL This Period (last page this line number on	ly)				
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 181 / 226		
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	EMIZED RECEIPTS		or each category of the	(check only one)		
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and Stat for commercial purposes, other than using the na			on for the purpose of soliciting contributions		
	NAME OF COMMITTEE (In Full)					
	National Association of Health Underwrit	ers PAC (HUPAC)			
Α.	Full Name (Last, First, Middle Initial) LINDA K. FRIEDRICH			Date of Receipt		
	Mailing Address PO Box 30275			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR80641735158		
	Lincoln	NE	68503-0275	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer UNICO Financial Services	Occupation Insurance				
	Inc. Receipt For:		Year-to-Date V	_		
	Primary General			P/R Deduction (\$50.00 Mon-		
	Other (specify)	0 0	600.00	thly)		
в.	Full Name (Last, First, Middle Initial) PATRICE GOLDFARB			Date of Receipt		
	Mailing Address 442 Teaneck Rd.			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR80646385158		
	Ridgefield Park	NJ	07660-1516	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer The Employee Benefits Adv-	Occupation	1			
	isors Group	Insurance	0			
	Receipt For:	Aggregate	Year-to-Date V			
	Other (specify)	0 0	820.00	P/R Deduction (\$50.00 Mon- thly)		
<u>с.</u>	Full Name (Last, First, Middle Initial) Michael R. Goss			Date of Receipt		
•••	Mailing Address 3101 W Main St., # 110			M · M / D · D / Y · Y · Y · Y		
	City	State	Zip Code	Transaction ID: PR80647325158		
	Boise	ID	83702-2099	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		200.00		
	Name of Employer Myriad	Occupation President				
	Receipt For:	Aggregate	Year-to-Date V	1		
	Primary General Other (specify)	0 0	1100.00	P/R Deduction (\$100.00 Mo- nthly)		
s	UBTOTAL of Receipts This Page (optional)		·····	400.00		
	OTAL This Period (last page this line number on					

SCHEDULE A (FEC Form 3X)			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 182 / 226 (check only one)		
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
Ar	y information copied from such Reports and Stai for commercial purposes, other than using the na	tements may ame and add	r not be sold or used by any perso Iress of any political committee to	13 14 15 16 17 n for the purpose of soliciting contributions solicit contributions from such committee.		
\sum	NAME OF COMMITTEE (In Full)					
\geq	National Association of Health Underwri	ters PAC (HUPAC)			
A.	Full Name (Last, First, Middle Initial) MICHAEL D. GRAY			Date of Receipt		
	Mailing Address 233 South 13th Street Suite 1500			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR80648045158		
	Lincoln	NE	68508-2017	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		400.00		
	Name of Employer The Harry A. Koch Company	Occupation Insurance				
	Receipt For:		Year-to-Date V			
	Primary General Other (specify) ▼	0 0	2440.00	P/R Deduction (\$200.00 Mo- nthly)		
в.	Full Name (Last, First, Middle Initial) SHELLY K. HARRISON			Date of Receipt		
	Mailing Address 9900 West 109th Street,	Ste. 200		M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR80653415158		
	Overland Park	KS	66210-1422	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		40.00		
	Name of Employer UnitedHealthcare	Occupation Manager	Sales Administration			
	Receipt For:		Year-to-Date V	-		
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (\$20.00 Mon- thly)		
<u> </u>	Full Name (Last, First, Middle Initial) LEESA HAYES			Date of Receipt		
	Mailing Address 9700 Ormsby Station Ro	bad		M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR80654555158		
	Louisville	KY	40223-4038	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		40.00		
	Name of Employer O Thompson Associates Inc.		e Agent			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Mon- thly)		
s	UBTOTAL of Receipts This Page (optional)		·····	480.00		
Т	OTAL This Period (last page this line number or	ıly)				

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 183 / 226 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
Ar	ny information copied from such Reports and Sta	atements may	v not be sold or used by any perso	13 14 15 16 17 In for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC ((HUPAC)	
Ľ			· · · ·	
Α.	Full Name (Last, First, Middle Initial) LISA WETHERTON			Date of Receipt
	Mailing Address 376 Overlook Point Driv	/e		M M / D D / Y Y Y
	CityStateDahlonegaGAFEC ID number of contributing federal political committee.C		Zip Code	Transaction ID: PR80655585158
			30533	Amount of Each Receipt this Period
				40.00
	Name of Employer Benefit Designs	Occupatio		
	Receipt For:	Insurance Aggregate	e Year-to-Date V	-
	Primary General		380.00	P/R Deduction (\$125.00 We-
	Other (specify)	0 0		ekly)
B	Full Name (Last, First, Middle Initial) DONNA D. HILL			Date of Receipt
5.	Mailing Address PO Box 724			
	City	State	Zip Code	Transaction ID: PR80657255158
	Snellville	GA	30078-0724	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer DDH Associates LLC	Occupatio		-
	Receipt For:	-	surance Agent	_
	Primary General	Aggregate		P/R Deduction (\$100.00 Mo-
	Other (specify) v	0 0	1200.00	nthly)
<u>с.</u>	Full Name (Last, First, Middle Initial) MARYLOU Lou HUDMAN			Date of Receipt
•	Mailing Address 5330 Bent Tree Forest I	Drive Suite)	
	City	State	Zip Code	Transaction ID: PR80660865158
	Dallas	TX	75248-3471	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer A Benefit Source	Occupatio		
	Receipt For:	Insurance Aggregate	e Year-to-Date V	
	Primary General Other (specify) ▼		375.14	P/R Deduction (\$40.00 Mon- thly)
s	UBTOTAL of Receipts This Page (optional)		······	320.00
\vdash	OTAL This Period (last page this line number o			
Ľ		··· ,	·····	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 / 226 (check only one) X X 11a 11b 11c 12
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	y not be sold or used by any perso	13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee
	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) National Association of Health Underwr			
Α.	Full Name (Last, First, Middle Initial) Lesley R. Hutson			Date of Receipt
	Mailing Address 501 S. Bernard PO Box	3144		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80662035158
	Spokane	WA	99220-3144	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Fidelity Associates Finan-	Occupatio		
	cial Sérvices Receipt For:		e Benefit Specialist e Year-to-Date ▼	
	Primary General	Ayyreyale		P/R Deduction (\$20.00 Mon-
	Other (specify)	0 0	220.00	thly)
В.	Full Name (Last, First, Middle Initial) SUZANNE K. JOHNSON			Date of Receipt
	Mailing Address 6235 Morrison Boulevar	d Suite 30)2	M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80664605158
	Charlotte	NC	28211-3508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		80.00
	Name of Employer Strategic Employee Benefit	Occupatio Insuranc		
	Services Receipt For:		e Year-to-Date V	_
	Primary General Other (specify) ▼		470.00	P/R Deduction (\$40.00 Mon- thly)
<u></u>	Full Name (Last, First, Middle Initial) THELMA KACZMAREK			Date of Receipt
0.	Mailing Address PO Box 345 P O Box 345			M · M / D · D / Y · Y · Y · Y
	City	State	Zip Code	Transaction ID: PR80666985158
	Ravenna	ОН	44266-1684	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Kaczmarek Ins. Services	Occupatio		7
	Agency Inc.	Insuranc	-	_
	Receipt For: Primary General Other (specify) \bigtriangledown	Aggregate	e Year-to-Date ▼ 1430.00	P/R Deduction (\$100.00 Mo- nthly)
				320.00
s	UBTOTAL of Receipts This Page (optional)			
т	OTAL This Period (last page this line number of	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 185 / 226 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) BRIAN W. LIECHTY			Date of Receipt
	Mailing Address 120 East Washington St	reet		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80677985158
	Plymouth	IN	46563-1744	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		160.00
	Name of Employer KL Benefits	Occupation		
	Receipt For:	Insurance	e Year-to-Date V	_
	Primary General	Aggregate		P/R Deduction (\$80.00 Mon-
	Other (specify)	8 8	960.00	thly)
в.	Full Name (Last, First, Middle Initial) CLARK K. LOEWE			Date of Receipt
	Mailing Address 12200 Northwest Fwy St	e 662		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80678875158
	Houston	ТХ	77092-4927	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Northwest General Insuran-	Occupation Insurance		
	ce Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	300.00	P/R Deduction (\$25.00 Mon- thly)
 C.	Full Name (Last, First, Middle Initial) JENNIFER P. MANCER			Date of Receipt
	Mailing Address 5300 Cahaba River Road	d Suite 15	60	M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80682395158
	Birmingham	AL	35243-3384	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Receipt For: Aggregate		n Executive	
			e Year-to-Date 🔻	
	Other (specify) ▼	0 0	240.00	P/R Deduction (\$20.00 Mon- thly)
s	UBTOTAL of Receipts This Page (optional)		······	250.00
	OTAL This Period (last page this line number or			

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	atements may	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 186 / 226 (check only one)
	for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) National Association of Health Underwr	iters PAC (HUPAC)	
<u>А</u> .	Full Name (Last, First, Middle Initial) KIMBERLY C. MARTIN			Date of Receipt
	Mailing Address 180 Charlotte Highway			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80683855158
	Asheville	NC	28803-9673	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Ebenconcepts	Occupation		
	Receipt For:	Insurance Aggregate	e Agent e Year-to-Date ▼	_
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$20.00 Mon- thly)
в.	Full Name (Last, First, Middle Initial) CAROL MATZNICK			Date of Receipt
	Mailing Address PO Box 38905	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR80685305158
	Greensboro	NC	27438-8905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer North Carolina AHU	Occupation Executive	e Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 320.00	P/R Deduction (\$20.00 Mon- thly)
<u>с.</u>	Full Name (Last, First, Middle Initial) DAVID R. MOORE			Date of Receipt
	Mailing Address PO Box 1006			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80693335158
	Burlington	NC	27216-1006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer David R. Moore CLU & Ass-	Occupation Insurance		
	ociates Receipt For:		e Year-to-Date V	-
	Primary General Other (specify) ▼		540.00	P/R Deduction (\$50.00 Mon- thly)
s	LUBTOTAL of Receipts This Page (optional)			180.00
T	OTAL This Period (last page this line number o	nly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	tomonto mai	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 187 / 226 (check only one)					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contri or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such com									
	NAME OF COMMITTEE (In Full) National Association of Health Underwri	iters PAC (HUPAC)						
Α.	Full Name (Last, First, Middle Initial) WESLEY P. MOORE, III			Date of Receipt					
	Mailing Address P O Box 604			M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR80693355158					
	Darlington	SC	29540-0604	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		200.00					
	Name of Employer W P Moore Agency	Occupation	ı						
	Receipt For:	Owner	e Year-to-Date ▼	_					
	Primary General	Aggregate		P/R Deduction (\$100.00 Mo-					
	Other (specify) v	0 0	1220.00	nthly)					
R	Full Name (Last, First, Middle Initial) JOSHUA D. NACE			Date of Receipt					
υ.	Mailing Address 936 North 34th Street S	Suite 208							
	City	State	Zip Code	Transaction ID: PR80696735158					
	Seattle	WA	98103-8869	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		60.00					
	Name of Employer Dental Health Services	Occupation	n sident Sales & Service						
	Inc. Receipt For:		Year-to-Date ▼	_					
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$30.00 Mon- thly)					
с.	Full Name (Last, First, Middle Initial) MICHAEL A. NORRIS			Date of Receipt					
	Mailing Address PO Box 999 295 E Palmer Street			M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR80699385158					
	Franklin	NC	28744-0999	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		50.00					
	Name of Employer Wayah Insurance Agency		Executive						
	Receipt For: Primary General Other (specify) \bigtriangledown	Aggregate	e Year-to-Date ▼ 320.00	P/R Deduction (\$25.00 Mon- thly)					
s	UBTOTAL of Receipts This Page (optional)			310.00					
Т	OTAL This Period (last page this line number or	nly)							

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 188 / 226 (check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	\overline{X} 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwrite			
Α.	Full Name (Last, First, Middle Initial) THERESA M. OLSON			Date of Receipt
	Mailing Address P. O. Box 21479			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80701085158
	Keizer	OR	97307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Baglien-Olson Insurance	Occupation	n lent Agent	
	Receipt For:		e Year-to-Date V	-
	Primary General			P/R Deduction (\$25.00 Mon-
	Other (specify)	0 0	225.00	thly)
в.	Full Name (Last, First, Middle Initial) JOHN C. PARKER			Date of Receipt
	Mailing Address 47 Laurel Hill Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80703115158
	Niantic	СТ	06357-1536	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		180.00
	Name of Employer Parker Agency	Occupation Principal	n	
	Receipt For:		e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1100.00	P/R Deduction (\$90.00 Mon- thly)
	Full Name (Last, First, Middle Initial) ALINE ROBERTS			Date of Receipt
	Mailing Address 3537 Old Conejo Rd., St	e. 114		
	City	State	Zip Code	Transaction ID: 12716521
	Newbury Park	CA	91320-6189	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Receipt For: Aggrega		n e Agent	
			e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	1140.00	Contribution
	UBTOTAL of Receipts This Page (optional)			250.00
F	ODIVIAL OF NECEIPIS THIS Mage (optional)		••••••	
т	OTAL This Period (last page this line number or	ıly)		

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 189 / 226 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\sum	NAME OF COMMITTEE (In Full)			
\mathbb{Z}	National Association of Health Underwri	ters PAC (HUPAC)	_
Α.	Full Name (Last, First, Middle Initial) JOSEPH K. ROBERTS			Date of Receipt
	Mailing Address 7101 South 82nd Street			
	City	State	Zip Code	Transaction ID: PR80715045158
	Lincoln	NE	68516-6574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Midlands Financial Benefi- ts	Occupation Registere	n ed Representative	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	970.00	P/R Deduction (\$50.00 Mon- thly)
в.	Full Name (Last, First, Middle Initial) STUART SHAPIRO			Date of Receipt
	Mailing Address PO Box 587			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80724165158
	Wheeling		60090-0587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Shapiro Financial Group Inc.	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (\$20.00 Mon- thly)
с.	Full Name (Last, First, Middle Initial) Michael R. Stephens			Date of Receipt
	Mailing Address 7712 South Yale Avenue	e Suite 20	0	M M / D D / Y Y Y Y 12 31 2005
	City	State	Zip Code	Transaction ID: 12165669
	Tulsa	OK	74136-8226	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Occupation American Medical Security Insurance			
	Receipt For: Primary General Other (specify) ▼	Aggregate	9 Year-to-Date ▼ 900.00]
s	UBTOTAL of Receipts This Page (optional)			440.00
Т	OTAL This Period (last page this line number or	ıly)		

IT Ar	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	atements may	Use separate schedule(s) or each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 190 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions					
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	National Association of Health Underwr	iters PAC (HUPAC)						
Α.	Full Name (Last, First, Middle Initial) RYAN P. THORN Mailing Address 10342 South Springcres			Date of Receipt					
	Mailing Address 10342 South Springcres	st Lane		M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR80738725158					
	South Jordan	UT	84095-4538	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		40.00					
	Name of Employer Ryan P. Thorn Insurance	Occupation		-					
	Planning Inc.	Insurance	•	_					
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Deduction (#00.00 Man					
	Other (specify)	0 0	240.00	P/R Deduction (\$20.00 Mon- thly)					
в.	Full Name (Last, First, Middle Initial) DANIEL R. TOMPKINS, III			Date of Receipt					
	Mailing Address PO Box 1810 800 Old Rosewell Lakes		0	M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR80739705158					
	Roswell	GA	30077-1810	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		60.00					
	Name of Employer Admin America	Occupation Insurance							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 680.00	P/R Deduction (\$40.00 Mon- thly)					
с.	Full Name (Last, First, Middle Initial) JENNIFER L. TOUPS			Date of Receipt					
	Mailing Address PO Box 113113			M M / D D / Y Y Y Y					
	City	State	Zip Code	Transaction ID: PR80740055158					
	Metairie	LA	70011-3113	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		40.00					
	Name of Employer Business Insurance Group		of Marketing						
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Mon- thly)					
s	UBTOTAL of Receipts This Page (optional)		•••••	140.00					
т	OTAL This Period (last page this line number of	nly)							

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 / 226 (check only one)
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwri			
Α.	Full Name (Last, First, Middle Initial) MARILYN A. VAN SANT			Date of Receipt
	Mailing Address 271 Route 46 West Sui	te G206		M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR80742455158
	Fairfield	NJ	07004-2475	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		160.00
	Name of Employer Stratford Financial Group	Occupation Insurance		
	Receipt For:		e Year-to-Date V	-
	Primary General Other (specify) v	0 0	960.00	P/R Deduction (\$85.00 Mon- thly)
в.	Full Name (Last, First, Middle Initial) CHARLES G. WAGNER			Date of Receipt
	Mailing Address PO Box 9			M · M / D · D / Y · Y · Y · Y
	City	State	Zip Code	Transaction ID: PR80744385158
	Burwell	NE	68823-0009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Town and Country Insurance Agency Inc	Occupation Presiden		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	600.00	P/R Deduction (\$400.00 We- ekly)
<u>с.</u>	Full Name (Last, First, Middle Initial) TIMOTHY P. WALSH			Date of Receipt
	Mailing Address PO Box 417			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80745295158
	Hampstead	NC	28443-0417	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer Advanced Insurance Systems	Occupation Insurance		
	Receipt For: Primary General	Aggregate	e Year-to-Date V	P/R Deduction (\$20.00 Mon-
	Other (specify)	0 0	240.00	thly)
s	UBTOTAL of Receipts This Page (optional)			300.00
Т	OTAL This Period (last page this line number or	וא)	· · · · · · · · · · · · · · · · · · ·	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	1000 c - 1-	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 192 / 226 (check only one) (check 112) X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and Sta for commercial purposes, other than using the n						
	NAME OF COMMITTEE (In Full) National Association of Health Underwri						
A.	Full Name (Last, First, Middle Initial) HARRY G. WITSEN			Date of Receipt			
	Mailing Address 1150 Glenwood Court			M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR80751935158			
	Vineland	NJ	08361-8510	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		40.00			
	Name of Employer Medical Benefit Services	Occupation					
	Receipt For:		J,ChFC,CSA,CLTC • Year-to-Date ▼	-			
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$20.00 Mon- thly)			
в.	Full Name (Last, First, Middle Initial) BARBARA Kay WONG			Date of Receipt			
	Mailing Address 1311 L Street	ailing Address 1311 L Street					
	City	State	Zip Code	Transaction ID: PR80752325158			
	Anchorage	AK	99501	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer Capital Management Benefi-	Occupation Insurance					
	ts Corp. Receipt For:		Year-to-Date V	-			
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$25.00 Mon- thly)			
<u></u> с.	Full Name (Last, First, Middle Initial) ELIZABETH ASHMORE			Date of Receipt			
	Mailing Address 7606 University Avenue	Suite B		M M / D D / Y Y Y Y			
	City	State	Zip Code	Transaction ID: PR80757525158			
	Lubbock	ТХ	79423-2128	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		200.00			
	Name of Employer Ashmore Agency Inc	Occupation Insurance					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	P/R Deduction (\$100.00 Mo- nthly)			
s	UBTOTAL of Receipts This Page (optional)		·····	290.00			
Т	OTAL This Period (last page this line number or	nly)					

~				FOR LINE NUMBER: PAGE 193 / 226
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
		Detailed Summary Page		
Ar	y information copied from such Reports and Sta	atements may	⊥ v not be sold or used by any perso	
	for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC ((HUPAC)	
۲ <u>ـــــــ</u>	Full Name (Last, First, Middle Initial) ANN C. BELL			Date of Receipt
	Mailing Address 1661 Shoreline Drive S	uite 100		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80758665158
	Boise	ID	83702-6746	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		30.00
	Name of Employer Higgins & Rutledge Insura-	Occupatio	n	
	nce Inc.	Insuranc	e Agent	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		300.00	P/R Deduction (\$15.00 Mon-
	Other (specify)	0 0		thly)
в.	Full Name (Last, First, Middle Initial) DAVID A BERMAN			Date of Receipt
	Mailing Address 6510 N. Shadeland Ave	nue		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80758865158
	Indianapolis	IN	46220	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		
	Name of Employer Neace Lukens Holding Comp-	Occupatio	n	
	any Inc.	Insuranc	e Agent	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General		620.00	P/R Deduction (\$60.00 Mon-
	Other (specify)	0 0	620.00	thly)
С.	Full Name (Last, First, Middle Initial) LYNDA L. BERRYHILL			Date of Receipt
	Mailing Address 211 North Robinson Av	enue		M M / D D / Y Y Y Y
	One Leadership Square		1	
	City	State	Zip Code	Transaction ID: PR80758895158
	Oklahoma City	OK	73102-7109	Amount of Each Receipt this Period
	FEC ID number of contributing	С		40.00
	federal political committee.			
	Name of Employer	Occupatio	n	
	Berryhill Insurance Agency Inc.	Insuranc	e Agent	
	110.		e Year-to-Date 🔻	
	Primary General	1 1	240.00	P/R Deduction (\$20.00 Mon-
	Other (specify) 🔻	0 0		thly)
				190.00
L	UBTOTAL of Receipts This Page (optional)		••••••	-
т	OTAL This Period (last page this line number o	nly)		

~				FOR LINE NUMBER: PAGE 194/226
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	
or	for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	National Association of Health Underwo	riters PAC (HUPAC)	
\angle				
	Full Name (Last, First, Middle Initial)			
А.	BCALVIN			Date of Receipt
	Mailing Address PO Box 101422			M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR80760855158
	Anchorage	AK	99510-1422	Amount of Each Receipt this Period
	Q			
	FEC ID number of contributing federal political committee.	С		80.00
	·			
	Name of Employer Calco Inc.	Occupatio		
		Insuranc	0	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)		480.00	P/R Deduction (\$40.00 Mon- thly)
		0 0	0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
В.	Russ B. Childers			Date of Receipt
	Mailing Address PO Box 1547			M M / D D / Y Y Y
	City	State	Zip Code	Transaction ID: PR80761685158
	Americus	GA	31709-1547	Amount of Each Receipt this Period
	FEC ID number of contributing		31709-1547	Amount of Each Receipt this Period
		C	31709-1547	
	FEC ID number of contributing federal political committee.			
	FEC ID number of contributing	C	1	
	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For:	C Occupatio Insuranc	1	
	FEC ID number of contributing federal political committee.	C Occupatio Insuranc	n e Agent e Year-to-Date ▼	P/R Deduction (\$25.00 Wee-
	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For:	C Occupatio Insuranc	n e Agent	50.00
	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼	C Occupatio Insuranc	n e Agent e Year-to-Date ▼	P/R Deduction (\$25.00 Wee-
 C.	FEC ID number of contributing federal political committee.	C Occupatio Insuranc	n e Agent e Year-to-Date ▼	50.00 P/R Deduction (\$25.00 Wee- kly)
 C.	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL B. DOLLINS	C Occupatio Insuranc Aggregate	n e Agent e Year-to-Date ▼	P/R Deduction (\$25.00 Wee-
 C.	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL B. DOLLINS	C Occupatio Insuranc Aggregate	n e Agent e Year-to-Date ▼	P/R Deduction (\$25.00 Wee- kly) Date of Receipt
 C.	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL B. DOLLINS	C Occupatio Insuranc Aggregate Suite 242 State	n e Agent e Year-to-Date ▼	P/R Deduction (\$25.00 Wee- kly) Date of Receipt
 C.	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL B. DOLLINS Mailing Address 4334 NW Expressway	C Occupatio Insuranc Aggregate Suite 242	n e Agent e Year-to-Date ▼ 355.00	P/R Deduction (\$25.00 Wee-kly) Date of Receipt M M / D D / Y Y Y
 C.	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL B. DOLLINS Mailing Address 4334 NW Expressway City Oklahoma City FEC ID number of contributing	C Occupatio Insuranc Aggregate Suite 242 State OK	a e Agent e Year-to-Date ▼ 355.00 Zip Code	50.00 P/R Deduction (\$25.00 Wee-kly) Date of Receipt M M / D D / Y Y Y Transaction ID: PR80764485158 Amount of Each Receipt this Period
 C.	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL B. DOLLINS Mailing Address 4334 NW Expressway City Oklahoma City	C Occupatio Insuranc Aggregate Suite 242 State	a e Agent e Year-to-Date ▼ 355.00 Zip Code	50.00 P/R Deduction (\$25.00 Wee-kly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR80764485158
 C.	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL B. DOLLINS Mailing Address 4334 NW Expressway City Oklahoma City FEC ID number of contributing federal political committee.	C Occupatio Insuranc Aggregate Suite 242 State OK	Agent e Agent year-to-Date ▼ 355.00 Zip Code 73116-6416	50.00 P/R Deduction (\$25.00 Wee-kly) Date of Receipt M M / D D / Y Y Y Transaction ID: PR80764485158 Amount of Each Receipt this Period
 C.	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL B. DOLLINS Mailing Address 4334 NW Expressway City Oklahoma City FEC ID number of contributing	C Occupatio Insuranc Aggregate Suite 242 State OK C	Agent P Year-to-Date ▼ 355.00 Zip Code 73116-6416	50.00 P/R Deduction (\$25.00 Wee-kly) Date of Receipt M M / D D / Y Y Y Transaction ID: PR80764485158 Amount of Each Receipt this Period
 C.	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL B. DOLLINS Mailing Address 4334 NW Expressway City Oklahoma City FEC ID number of contributing federal political committee.	C Occupatio Insuranc Aggregate Suite 242 State OK C Occupatio Insuranc	Agent P Year-to-Date ▼ 355.00 Zip Code 73116-6416	50.00 P/R Deduction (\$25.00 Wee-kly) Date of Receipt M M / D D / Y Y Y Transaction ID: PR80764485158 Amount of Each Receipt this Period
 c.	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL B. DOLLINS Mailing Address 4334 NW Expressway City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Dollins & Company Inc.	C Occupatio Insuranc Aggregate Suite 242 State OK C Occupatio Insuranc	Agent P Year-to-Date ▼ 355.00 Zip Code 73116-6416 Agent P Year-to-Date ▼	50.00 P/R Deduction (\$25.00 Wee-kly) Date of Receipt M M / D D / Y Y Y Y Transaction ID: PR80764485158 Amount of Each Receipt this Period 40.00
 C.	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL B. DOLLINS Mailing Address 4334 NW Expressway City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Dollins & Company Inc. Receipt For:	C Occupatio Insuranc Aggregate Suite 242 State OK C Occupatio Insuranc	Agent P Year-to-Date ▼ 355.00 Zip Code 73116-6416 Agent	50.00 P/R Deduction (\$25.00 Wee-kly) Date of Receipt M M / D D / Y Y Y Transaction ID: PR80764485158 Amount of Each Receipt this Period
C.	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL B. DOLLINS Mailing Address 4334 NW Expressway City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Dollins & Company Inc. Receipt For: Primary General	C Occupatio Insuranc Aggregate Suite 242 State OK C Occupatio Insuranc	Agent P Year-to-Date ▼ 355.00 Zip Code 73116-6416 Agent P Year-to-Date ▼	P/R Deduction (\$25.00 Wee-kly) Date of Receipt M M / D D / Y Y Y Transaction ID: PR80764485158 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Mon-
 C.	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL B. DOLLINS Mailing Address 4334 NW Expressway City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Dollins & Company Inc. Receipt For: Primary General	C Occupatio Insuranc Aggregate Suite 242 State OK C Occupatio Insuranc	Agent P Year-to-Date ▼ 355.00 Zip Code 73116-6416 Agent P Year-to-Date ▼	50.00 P/R Deduction (\$25.00 Wee-kly) Date of Receipt M M / D D / Y Y Y Transaction ID: PR80764485158 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Mon-thly)
	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL B. DOLLINS Mailing Address 4334 NW Expressway City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Dollins & Company Inc. Receipt For: Primary General	C Occupatio Insuranc Aggregate Suite 242 State OK C Occupatio Insuranc Aggregate	Agent PYear-to-Date ▼ 355.00 Zip Code 73116-6416 Agent PYear-to-Date ▼ 240.00	50.00 P/R Deduction (\$25.00 Wee-kly) Date of Receipt M / D / Y Y Transaction ID: PR80764485158 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Mon-thly)
S	FEC ID number of contributing federal political committee. Name of Employer Russ Childers CLU Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) MICHAEL B. DOLLINS Mailing Address 4334 NW Expressway City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Dollins & Company Inc. Receipt For: Primary General Other (specify) ▼	C Occupatio Insuranc Aggregate Suite 242 State OK C Occupatio Insuranc Aggregate	Agent 2 Agent 2 Year-to-Date ▼ 355.00 Zip Code 73116-6416 Agent 2 Agent 2 Year-to-Date ▼ 240.00	50.00 P/R Deduction (\$25.00 Wee-kly) Date of Receipt M / D / Y Y Transaction ID: PR80764485158 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Mon-thly)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 195 / 226 (check only one)	
			or each category of the Detailed Summary Page	$\begin{array}{c c} X & 11a \\ \hline 13 \\ \hline 13 \\ \hline 14 \\ \hline 15 \\ \hline 16 \\ \hline 17 \\ \hline 17 \\ \hline 17 \\ \hline 17 \\ \hline 10 \\ \hline 10$	
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions	
	NAME OF COMMITTEE (In Full)				
\rangle	National Association of Health Underwrit				
Α.	Full Name (Last, First, Middle Initial) EUGENE D. EBERSOLE			Date of Receipt	
	Mailing Address 405 Gretna Blvd, Suite 1	03A		M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR80765285158	
	Gretna	LA	70053-4900	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		80.00	
	Name of Employer Ebersole & Associates In-	Occupation Insurance		7	
	c. Receipt For:		e Year-to-Date V	_	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$80.00 Wee- kly)	
в.	Full Name (Last, First, Middle Initial) THOMAS M EVANS			Date of Receipt	
	Mailing Address 7261 Mercy Rd.			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR80765785158	
	Omaha	NE	68164-9684	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		160.00	
	Name of Employer BlueCross Blue Shield of	Occupation			
	Nebraska	Insurance	v	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D Deduction (#80.00 Man	
	Other (specify)	0 0	1040.00	P/R Deduction (\$80.00 Mon- thly)	
с.	Full Name (Last, First, Middle Initial) DAVID L. FEAR			Date of Receipt	
	Mailing Address 11160 Sun Center Drive	Suite A		M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR80766125158	
	Rancho Cordova	CA	95670-6121	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		110.00	
	Name of Employer CIMS Strategic Distributi- on Division	Occupation Director of	n of Strategic Distribution		
	Receipt For:	Aggregate	Year-to-Date ▼	_	
	Primary General Other (specify) ▼	0 0	760.00	P/R Deduction (\$340.00 We- ekly)	
s	UBTOTAL of Receipts This Page (optional)			350.00	
T	OTAL This Period (last page this line number on	ly)			

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 196 / 226 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\square	NAME OF COMMITTEE (In Full)			
\sum	National Association of Health Underwri	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) BRUCE L. GARDNER			Date of Receipt
	Mailing Address 1502 West Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80767545158
	Austin	TX	78701-1561	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		160.00
	Name of Employer Bruce Gardner Insurance	Occupation	า	
	& Investments		ed Representative	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	0 0	960.00	P/R Deduction (\$80.00 Mon- thly)
в.	Full Name (Last, First, Middle Initial) KATHERINE P. GREENE			Date of Receipt
	Mailing Address 13821 Eaglesnest Bay			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80768675158
	Corpus Christi	ТХ	78418	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Self	Occupation Insurance		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (\$20.00 Mon- thly)
	Full Name (Last, First, Middle Initial) ROBERT A GRUNDMAN			Date of Receipt
	Mailing Address 7412 Karl Drive			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80768945158
	Lincoln	NE	68516-4368	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Senior Benefit Strategies	Occupation Insurance		
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 240.00	P/R Deduction (\$20.00 Mon- thly)
		<u> </u>	0 0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)		•••••	240.00
т	OTAL This Period (last page this line number or	ıly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 197 / 226 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			solicit contributions from such committee.
	National Association of Health Underwrit	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) JAMES O HELDEBRAND			Date of Receipt
	Mailing Address 11714 S. Granite Avenue			M · M / D · D / Y · Y · Y
	City	State	Zip Code	Transaction ID: PR80770195158
	Tulsa	OK	74137-8526	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Benefit Services, Inc.	Occupation		
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	Ayyreyale		P/R Deduction (\$20.00 Mon-
	Other (specify)	0 0	240.00	thly)
в.	Full Name (Last, First, Middle Initial) TIMOTHY HENDRICKS			Date of Receipt
2.	Mailing Address 1605 S Eucalyptus Ave			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80770265158
	Broken Arrow	OK	74012-5906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Business Planning Group	Occupation		
	Of OK Receipt For:	Insurance	e Agent e Year-to-Date ▼	_
	Primary General	Aggregate		P/R Deduction (\$50.00 Mon-
	Other (specify)	0 0	600.00	thly)
<u> </u>	Full Name (Last, First, Middle Initial) HUGH R HENDRICKSON			Date of Receipt
0.	Mailing Address 1019 Pacific Ave. Suite 1	1110		
		Ctata	Zin Code	
	City Tacoma	State WA	Zip Code 98402-4468	Transaction ID: PR80770275158 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		20.00
	Name of Employer Strategic Employee Benefit	Occupation		
	Services Receipt For:	Insurance	e Agent e Year-to-Date V	_
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$20.00 Mon- thly)
s	UBTOTAL of Receipts This Page (optional)			160.00
\vdash	OTAL This Period (last page this line number on		•	-

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 198 / 226
			or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) CAROLINE HESSELTINE			Date of Receipt
	Mailing Address 7272 Wurzbach Road	Suite 104		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80770505158
	San Antonio	TX	78240-4802	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer ABC / Associated Benefit	Occupatio		7
	Consultants		Benefit Advisor	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	240.00	P/R Deduction (\$20.00 Mon- thly)
В.	Full Name (Last, First, Middle Initial) RICHARD L HILL			Date of Receipt
	Mailing Address 4435 O Street P.O. Box 30275			
	City	State	Zip Code	Transaction ID: PR80770665158
	Lincoln	NE	68510-1842	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer UNICO Financial Services	Occupatio	n	-
	UNICO Financial Services Inc.	Insuranc	e Agent	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Other (specify)		720.00	P/R Deduction (\$60.00 Mon- thly)
— C.	Full Name (Last, First, Middle Initial) KAREN JONES			Date of Receipt
	Mailing Address 5225 South Loop 289 S	Suite 111		
	City	State	Zip Code	Transaction ID: PR80772695158
	Lubbock	ТΧ	79424-1319	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Blue Cross Blue Shield of	Occupatio		
	TX Receipt For:	Insurance Aggregate	e Agent e Year-to-Date V	-1
	Primary General	, iggi egale		P/R Deduction (\$20.00 Mon-
	Other (specify)	0 0	240.00	thly)
				200.00
s	UBTOTAL of Receipts This Page (optional)		•••••	

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

6				FOR LINE NUMBER: PAGE 199/226
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Gammary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	fress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr	iters PAC (HUPAC)	
<u> </u>	Full Name (Last, First, Middle Initial)			
Α.	LAWRENCE KACZMAREK			Date of Receipt
	Mailing Address 6711 Berry Rd			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80772995158
	Ravenna	OH	44266-1684	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer	Occupation	1	
	Name of Employer Kaczmarek Insurance Servi-	Insurance		
	ces Inc. Receipt For:		Year-to-Date V	
	Primary General		1070.00	P/R Deduction (\$60.00 Wee-
	Other (specify)	0 0	1270.00	kly)
B.	Full Name (Last, First, Middle Initial) MICHAEL KIELIAN			Date of Receipt
υ.	Mailing Address PO Box 45279			
	City	State	Zip Code	Transaction ID: PR80773645158
	Omaha	NE	68145-0279	Amount of Each Receipt this Period
	FEC ID number of contributing	С		160.00
	federal political committee.			
	Name of Employer The Harry A. Koch Company	Occupation	ו	
		Insurance	0	
	Receipt For:	Aggregate	Year-to-Date V	
	Other (specify)		960.00	P/R Deduction (\$80.00 Mon- thly)
		0 0	0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			1
C.	MARY B. KRAMER			Date of Receipt
	Mailing Address 2637 South 158th Plaza	Suite 200		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR80774315158
	Omaha	NE	68130-1769	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	С		80.00
	Name of Employer	Occupation	1	-
	Name of Employer Holmes Murphy and Associa-	Vice Pres		
			Year-to-Date V	1
	Primary General		400.00	P/R Deduction (\$40.00 Mon-
	Other (specify)		480.00	thly)
_				
	INTOTAL of Descipto This Days (antianal)		_	440.00
	UBTOTAL of Receipts This Page (optional)		•	-
т	OTAL This Period (last page this line number o	nlv)		
L		,,		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		FOR LINE NUMBER: PAGE 200 / 226
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
Annieformetical conied from such Departs and Otatama				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	on for the purpose of soliciting contributions solicit contributions from such committee.		
Ν	NAME OF COMMITTEE (In Full)			
\backslash	National Association of Health Underwr	iters PAC ((HUPAC)	
Α.	Full Name (Last, First, Middle Initial) Jack R Lenhart			Date of Receipt
	Mailing Address 4200 East Skelly Drive	Suite 610		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y <
	City	State	Zip Code	Transaction ID: 12165665
	Tulsa	OK	74135-3255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer Equitable	Occupatio Insuranc		
	Receipt For:		e Year-to-Date ▼	_
	Primary General	7.99.09uu		1
	Other (specify)		220.00	
				4
в.	Full Name (Last, First, Middle Initial) SHARON L MCDERMOTT			Date of Receipt
	Mailing Address 21425 Chancellor Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80777295158
	Elkorn	NE	68022-4677	Amount of Each Receipt this Period
	FEC ID number of contributing			200.00
	federal political committee.	C		200.00
	Name of Employer Diversified Benefits Group	Occupatio		
	Inc	Presiden	-	
	Receipt For:	Aggregate	e Year-to-Date V	
	Other (specify) ▼	0 0	1200.00	P/R Deduction (\$100.00 Mo- nthly)
	Full Name (Last, First, Middle Initial)			
0.	DENNIS J. RECKER Mailing Address 971 North Perry Street			Date of Receipt
	City	State	Zip Code	Transaction ID: PR80782185158
	Ottawa	OH	45875-1218	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Fawcett Lammon Recker	Occupatio		
	& Associates		ed Representative	_
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	240.00	P/R Deduction (\$20.00 Mon- thly)
s	UBTOTAL of Receipts This Page (optional)			360.00

TOTAL This Period (last page this line number only)

FEC Schedule A (Form 3X) Rev. 02/2003

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 201 / 226 (check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	$\begin{array}{c c c c c c c c c c c c c c c c c c c $
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
\rangle	National Association of Health Underwrit	ters PAC (HUPAC)	
Α.	Full Name (Last, First, Middle Initial) GLEN E RIENSCHE			Date of Receipt
	Mailing Address 415 5th Street P. O. Box 664			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80782605158
	Fairbury	NE	68352-2501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer	Occupation	n	-
	Advanced Insurance Servic- es Inc.	Insurance	e Agent	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	360.00	P/R Deduction (\$30.00 Mon- thly)
в.	Full Name (Last, First, Middle Initial) ELIZABETH E WHEATCROFT			Date of Receipt
	Mailing Address 124 West Castellano Dri	ve Suite 2	2	M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80782715158
	<u>El Paso</u>	TX	79912-6139	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer Goodman Financial Group	Occupation	n ployee Benefits	
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	360.00	P/R Deduction (\$10.00 Mon- thly)
	Full Name (Last, First, Middle Initial) WILLIAM T. ROBINSON			Date of Receipt
	Mailing Address Mail: 100 S. Sunrise Wa Office: 1276 No Palm Ca			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80782955158
	Palm Springs	CA	92262	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		160.00
			e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	880.00	P/R Deduction (\$80.00 Mon- thly)
s	UBTOTAL of Receipts This Page (optional)		······	280.00
	OTAL This Period (last page this line number on			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 202 / 226 (check only one) X X 11a 11b 11c 12
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full)			
	National Association of Health Underwr			
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address 16000 Ventura Blvd Su	ite 1103		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR80783385158
	Encino	CA	91436-2767	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer R & R Insurance and Retir-	Occupatio	n	
	ement Service	Insuranc	•	
	Receipt For: Primary General	Aggregate	e Year-to-Date 🔻	
	Other (specify)	0 0	360.00	P/R Deduction (\$30.00 Mon- thly)
в.	Full Name (Last, First, Middle Initial) EUGENE L. ROWE			Date of Receipt
	Mailing Address 16000 Ventura Blvd Su	ite 1103		12 31 2005
	City	State	Zip Code	Transaction ID: 12712014
	Encino	CA	91436-2767	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		10.00
	Name of Employer R & R Insurance and Retir-	Occupatio		
	ement Service	Insuranc	0	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)	0 0	370.00	
с.	Full Name (Last, First, Middle Initial) STEPHEN J. SALAMON			Date of Receipt
0.	Mailing Address PO Box 4252			
		Chata	Zin Oada	
	City Timonium	State MD	Zip Code 21094-4252	Transaction ID: PR80783675158 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		20.00
	Name of Employer Heritage Financial Consul-	Occupatio		
	tants LLC Receipt For:	Insuranc Aggregate	e Agent e Year-to-Date V	_
	Primary General Other (specify) ▼		1120.00	P/R Deduction (\$760.00 We-ekly)
s	UBTOTAL of Receipts This Page (optional)		······	90.00
	OTAL This Period (last page this line number o			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 203 / 226				
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)				
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
Any information copied from such Reports and St		atamanta ma		13 14 15 16 17				
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)								
\rangle	National Association of Health Underwr	riters PAC (HUPAC)					
Α.	Full Name (Last, First, Middle Initial) ROBERT Hunt SCHUMACHER			Date of Receipt				
	Mailing Address 1137 Jonagold Way			M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR80784565158				
	Mountain View	CA	94513	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		40.00				
	Name of Employer Schumacher & Walker Ins.	Occupatio Insuranc		_				
	Associates I Receipt For:		e Year-to-Date V	_				
	Primary General		240.00	P/R Deduction (\$20.00 Mon-				
	Other (specify) 🔻	0 0	240.00	thly)				
в.	Full Name (Last, First, Middle Initial) ROGER W SKINNER			Date of Receipt				
	Mailing Address 6612 East 75th Street	Suite 200		M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR80785575158				
	Indianapolis	IN 46250-2876		Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		50.00				
	Name of Employer GroupLink Inc.	Occupatio Presiden						
	Receipt For:		Year-to-Date ▼	_				
	Primary General		200.00	P/R Deduction (\$25.00 Mon-				
	Other (specify) 🔻	0.0	300.00	thly)				
C.	Full Name (Last, First, Middle Initial) PATRICIA SMITH			Date of Receipt				
	Mailing Address 523 Kirkland Way			M M / D D / Y Y Y Y				
	City	State	Zip Code	Transaction ID: PR80785735158				
	Kirkland	WA	98033-6219	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		40.00				
	Name of Employer Smith Meacham Insurance	Occupatio Insuranc		7				
			e Year-to-Date V	-1				
				P/R Deduction (\$20.00 Mon-				
	Other (specify)	0 0	240.00	thly)				
s	UBTOTAL of Receipts This Page (optional)			130.00				
Т	OTAL This Period (last page this line number o	only)						

	CHEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 204 / 226 (check only one)		
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12			
Ar	y information copied from such Reports and Stat	tements may	not be sold or used by any perso	13 14 15 16 17		
or	for commercial purposes, other than using the na	ame and add	Iress of any political committee to	solicit contributions from such committee.		
$\left \right $	NAME OF COMMITTEE (In Full)					
\bigvee	National Association of Health Underwrite	ters PAC (HUPAC)			
Α.	Full Name (Last, First, Middle Initial) JACKIE L. SPRAGINS			Date of Receipt		
	Mailing Address PO Box 2073			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR80786325158		
	Wichita Falls	ТХ	76307-2073	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		60.00		
	Name of Employer Spragins Insurance Agency	Occupation				
	Receipt For:	Insurance	e Agent e Year-to-Date ▼	_		
	Primary General	Aggregate		P/R Deduction (\$30.00 Mon-		
	Other (specify)	0 0	362.00	thly)		
в.	Full Name (Last, First, Middle Initial) LOUANNE TREBING			Date of Receipt		
	Mailing Address 1806 Patton Drive			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR80788175158		
	Garland	TX	75042-8205	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		20.00		
	Name of Employer Trebing Insurance Services	Occupation Insurance				
	Receipt For:	1	Year-to-Date V			
	Primary General Other (specify)		300.00	P/R Deduction (\$10.00 Mon- thly)		
		0 0	0 0 0 0 0 0 0 0			
C.	Full Name (Last, First, Middle Initial) C.L. L WESTMORELAND			Date of Receipt		
	Mailing Address PO Box 925			M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR80789775158		
	Jackson	MS	39205-0925	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		170.00		
	Name of Employer American Public Life Insu-	Occupation	n of Agency Development			
	rance Company Receipt For:		Year-to-Date V	-		
	Primary General Other (specify)		840.00	P/R Deduction (\$85.00 Mon- thly)		
				250.00		
	UBTOTAL of Receipts This Page (optional)					
т	OTAL This Period (last page this line number or	ıly)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 205 / 226 (check only one) X X 11a 11b 11c 12							
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions							
or	for commercial purposes, other than using the n	ame and add	Iress of any political committee to	solicit contributions from such committee.							
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Association of Health Underwri	ters PAC (HUPAC)								
Α.	Full Name (Last, First, Middle Initial) CATHERINE FICARA			Date of Receipt							
	Mailing Address 26999 Central Park Blvd	l.		M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR80792245158							
	Southfield	MI	48076-4174	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		40.00							
	Name of Employer Austin Financial Group LL-	Occupation									
	CUnited Receipt For:		surance Agent Year-to-Date ▼	_							
	Primary General	Aggregate		P/R Deduction (\$20.00 Mon-							
	Other (specify)	0 0	300.00	thly)							
в.	Full Name (Last, First, Middle Initial) MARIA KENNEDY			Date of Receipt							
	Mailing Address 1149 Court Street NE										
	City	State	Zip Code	Transaction ID: PR90472675158							
	Salem	OR	97301-4030	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		20.00							
	Name of Employer Associated Oregon Industr-	Occupation	n of Marketing								
	Receipt For:		Year-to-Date V	-							
	Primary General Other (specify) ▼	0 0	280.00	P/R Deduction (\$10.00 Mon- thly)							
<u></u>	Full Name (Last, First, Middle Initial) JANT TRAUTWEIN-STOKES			Date of Receipt							
	Mailing Address 2000 N 14th Street			M M / D D / Y Y Y Y							
	City	State	Zip Code	Transaction ID: PR98070615158							
	Arlington	VA	22201	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		80.00							
	Name of Employer NAHU		e VP, CEO								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 480.00	P/R Deduction (\$40.00 Mon- thly)							
s	UBTOTAL of Receipts This Page (optional)			140.00							
Т	OTAL This Period (last page this line number or	וy)		37778.00							

S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)			E NUMBE	R:	P	AGE 2	206 / 2	226	
IT	EMIZED DISBURSEMENTS	for each o	category of the		(check or X 21b	ly one)	23	24		25	26	
		Detailed	Summary Page		27	28a	28b	28c		29	30	
	y Information copied from such Reports and Statem											
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and addres	ss of any political	con	imittee to s	olicit contr	idutions tr	om such	commi	ttee		
\rangle	National Association of Health Underwriters	s PAC (Hl	JPAC)									
<u>د</u>	Full Name (Last, First, Middle Initial)					Trans	action ID	: 106293	848			
Α.	American Express						of Disburs				_	
	Mailing Address PO Box 53852					0 ^M 9	M / D	21	Ý Ž0) [°] 0 5	Y	
		State	Zip Code			Amou	nt of Each	Disburse	ement t	his P	eriod	
		AZ	85072-3852							84.4	5	
	Purpose of Disbursement Credit Card Processing Fee				001					04.4		
	Candidate Name			С	ategory/							
					Туре	_						
	Senate President	ment For: Primary Other (spe	General			Credit	Card Pr	ocessin	g Fee			
	State: District:											
В.	Full Name (Last, First, Middle Initial) Merchant Services						action ID of Disburs		935			
						М	M / D	D / `	Y Y) [°] 0 5	Y	
	Mailing Address 7300 Chapman Hwy											
		State TN	Zip Code 37920-6612			Amou	nt of Each	Disburse	ement t	his P	eriod	
	Purpose of Disbursement		3/ 920-0012	_		-			3	96.0	1	
	Credit Card Processing				001							
	Candidate Name				ategory/ Type							
	Office Sought: House Disburse Senate	ment For: Primary	General			Credit	Card P	ocessin	g			
	President	Other (spe	ecify) 🔻									
	State: District: Full Name (Last, First, Middle Initial)											
C.	STEVE SELINSKY					Date of	action ID of Disburs	ement				
	Mailing Address 28588 Northwestern High	way Suite	е			1 ^M 0	M / D) 7	² ² 0) Ó 5	Ŷ	
		State MI	Zip Code 48034-8335			Amou	nt of Each	Disburse				
	Purpose of Disbursement Reimbursement of PAC Conference Expenses				003				18	00.0	0	
	Candidate Name				ategory/ Type							
	Senate President	ment For: Primary Other (spe	General cify) ▼			Reimt	ourseme e Expens	nt of PA ses	C Cor	ıf-		
—	State: District:											
s	UBTOTAL of Disbursements This Page (optional).				🕨				22	80.4	6	
Т	OTAL This Period (last page this line number only)				►							

	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		FOR LINE		٦:	P/	AGE	207 /	226
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only X 21b 27	22 28a	23 28b	24 28c		25 29	26 30t
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			any person fo	or the pu	pose of s	olicating of	contrib	outions	
	NAME OF COMMITTEE (In Full) National Association of Health Underwriter									
Α.	Full Name (Last, First, Middle Initial) JESSE A PATTON				Date c	f Disburs				X
	Mailing Address 2175 NW 86th Street Su	uite 14			10	M / D) 7 ′	Ź (0 ở 5	Ŷ
		State Zip Code IA 50325-5557			Amou	nt of Each	Disburse	ement	this P	eriod
	Purpose of Disbursement Reimbursement of PAC Conference Expenses Candidate Name		C	001 ategory/	L.				458.4	0
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) V		Туре		ourseme Expens	nt of PA ses	C Co	nf-	
в.	Full Name (Last, First, Middle Initial) National Association of Health Underwriter	s			Date c	f Disburs	: 113088 ement		Y	Y
	Mailing Address 2000 14th Street Suite 450				10) 7	' 2 (0 ð 5	Ť
		State Zip Code VA 22201			Amou	nt of Each	Disburse			
	Purpose of Disbursement Reimbursement for PAC Board Conference T Candidate Name		C	002 ategory/ Type	L.			. 60	0.00.0	0
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify) V		Туре		ourseme oference	nt for PA Travel	AC Bo	Da-	
C.	Full Name (Last, First, Middle Initial) EDWARD ROLING				Date c	f Disburs				
	Mailing Address 343 Six Forks Road				10	M / D	^D /	ź ź (0 ð 5	Y
		State Zip Code NC 27609-7800			Amou	nt of Each	Disburse			
	Purpose of Disbursement Reimbursement of PAC Conference Expenses			002	L.				354.3	80
	Candidate Name		C	ategory/ Type						
	Office Sought: House Disburse Senate President State: District:	Primary General Other (specify) ▼				ourseme e Expens	nt of PA ses	C Co	nf-	
s	UBTOTAL of Disbursements This Page (optional) .			►				68	12.7	0
	OTAL This Period (last page this line number only)									
FF(Schedule B (Form 3X) Rev. 02/2003									

S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)				ER:		P	AGE	208 /	226
IT	EMIZED DISBURSEMENTS	for each	category of the		(check or X 21b	nly one)		23	24		25	26
		Detailed	Summary Page		27	28a	$\left \right $	28b	24 28c	Η	29	30
	y Information copied from such Reports and Statem											S
or	for commercial purposes, other than using the name	e and addres	ss of any political	con	nmittee to s	solicit con	tributi	ons fro	om such	comn	nittee	
\mathbb{N}	NAME OF COMMITTEE (In Full)											
	National Association of Health Underwriter	S PAC (HI	JPAC)									
<u> </u>	Full Name (Last, First, Middle Initial)					Tran	sacti	on ID:	113139	931		
Α.	American Express					Date	of Di	sburse				
	Mailing Address PO Box 53852					10	М	^D 2	D / 1	Ý Ž	0 ð 5	Y
		State	Zip Code			Amo	unt of	Each	Disburse	ement	t this F	Period
		AZ	85072-3852				-			Ŷ	108.4	15
	Purpose of Disbursement Credit Card Processing Fee				001						100.4	+J
	Candidate Name			С	ategory/							
					Туре							
		ment For:				Cred	it Ca	rd Pr	ocessin	a Fe	е	
	Senate President	Primary Other (spe	General							0		
	State: District:		(Ciry)									
	Full Name (Last, First, Middle Initial)					Tran	sacti	on ID:	114097	759		
В.	Merchant Services					_		sburse		00		
	Mailing Address 7300 Chapman Hwy					1 [™] 1	M	0	^D /	Ý Ý 2	0 ð 5	Y
	Maning Address 7500 Chapman nwy											
		State	Zip Code			Amo	unt of	Each	Disburse	ement	t this F	Period
	Knoxville Purpose of Disbursement	TN	37920-6612			-					25.0	00
	Credit Card Processing Fee				001						_	
	Candidate Name			С	ategory/ Type							
	Office Sought: House Disburse	ment For:				Cred	it Ca	rd Pr	ocessin	a Fo	0	
	Senate	Primary	General						00003011	gre	0	
	State: District:	Other (spe	ecity)									
	Full Name (Last, First, Middle Initial)					Trop	oodi		113146	270		
C.	Merchant Services							sburse		010		
	Mailing Address 7300 Chapman Hwy					1́1	M	0	^D 2	Y Y 2	0 ð 5	Y
	Mailing Address 7300 Chapman Hwy											
		State	Zip Code			Amo	unt of	Each	Disburse	ement	t this F	Period
		TN	37920-6612			-				Ŷ	351.9	92
	Purpose of Disbursement Credit Card Processing Fee				001							
	Candidate Name			С	ategory/							
					Туре	_						
	Office Sought: House Disburse Senate	ment For: Primary	General			Cred	it Ca	rd Pr	ocessin	g Fe	е	
	President	Other (spe										
_	State: District:	· · ·										
											485.3	7
⊢ ^s	UBTOTAL of Disbursements This Page (optional) .				🕨						-100.0	· ·
Т	OTAL This Period (last page this line number only)				►							
<u>ا</u>												_

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)						R:			PAG	E 209	/ 226
IT	EMIZED DISBURSEMENTS	for each category of the			heck o 21b		ne) 22		23	□ 2 ⁴	4 Г	25	26
		Detailed Summary Page		Ĥ	27	\square	28a	\vdash	28b			29	30b
	y Information copied from such Reports and Statem												
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<u> </u>	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	: 1140	9530		
Α.	American Express						Date						
	Mailing Address PO Box 53852						1 ^M 1	М	^D C) ^D 7	Y	ž o ŏ	5 [×]
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В.	Full Name (Last, First, Middle Initial) American Express						Trans Date of			: 1131 ement	4675		
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	Mailing Address PO Box 53852						11						
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	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼				(Credit	t Ac	ljustm	nent			
	State: District:												
C.	Full Name (Last, First, Middle Initial) Tracy Q Bradford									: 1130 ement	9281		
	Mailing Address 866 Ridgeway Loop Road	d, Suite 200					[™] 1	М	D 2	2 8 /	Y	ž o ŏ	5 [×]
		State Zip Code TN 38120-4000					Amou	nt o	f Each	Disbu	rseme	ent this	Period
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	Travel Expenses Candidate Name	00)2 gory/										
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)			UMBE	R:			PA	GE	210/	226	
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	y Information copied from such Reports and Staten for commercial purposes, other than using the nam											S	
\square	NAME OF COMMITTEE (In Full)												
\mathbb{Z}	National Association of Health Underwrite	rs PAC (HUPAC)											
Α.	Full Name (Last, First, Middle Initial) JEFF GENNARO				Date o	of D	isburs	em		-			
	Mailing Address PO Box 10315				1 1	М		28	/)	Ž	0 ð 5	5	
	City Phoenix	StateZip CodeAZ85064-0315			Amou	nt o	f Each	ו Di	sburse	men			_
	Purpose of Disbursement Travel Expenses: Reimbursement of PAC Co		00		L.						355.	30	
	Candidate Name Office Sought: House Disburse	ement For:	ate Ty	gory/ ce									
	State: District:	Primary General Other (specify)			Trave ement Exper	t of	PAC	ses: Co	: Reim onfere	nbur nce	S-		
	Full Name (Last, First, Middle Initial)		 		Tuono		an 10		13092	77			
В.	JOSEPH K. ROBERTS				Date o		isburs	em	ent		0 ŏ 5	Y	
	Mailing Address 7101 South 82nd Street				11			2 8					
	City Lincoln	State Zip Code NE 68516-6574			Amou	nt o	f Each	ו Di	sburse				7
	Purpose of Disbursement Travel Expenses: Reimbursement of PAC Co		00)2	L.						318.	30	
	Candidate Name		ate Ty	gory/ ce									
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	State: District:				 								
C.	Full Name (Last, First, Middle Initial) Merchant Services				Trans Date o	of D	isburs	em			V	X	
	Mailing Address 7300 Chapman Hwy				12			01		Ź	0 Ŏ 5	5 '	
	Knoxville	State Zip Code TN 37920-6612			Amou	nt o	f Each	n Di	sburse	-			7
	Purpose of Disbursement Credit Card Processing Fee		00)1	L.						383.	30	
	Candidate Name		ate Ty	gory/ ce									
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NAME OF COMMITTEE (In Full)		CHITILL			DULION	5 1101	II SUCI I	Johnnitte	÷e				
National Association of Health Underwriters	S PAC (HUPAC)												
Full Name (Last, First, Middle Initial) A. Merchant Services				Trans Date o			121676 ment	75					
Mailing Address 7300 Chapman Hwy				1 [^] 2	M /	^D 0 2	^D /)	ź o	Ď 5 [°]				
	State Zip Code TN 37920-6612			Amour	nt of Ea	ach [Disburse		-	-			
Purpose of Disbursement Credit Card Processing Fee		001		<u> </u>				6	6.10				
Candidate Name	Office Sought: House Disbursement For:												
State: District:			Credit Card Processing Fee										
Full Name (Last, First, Middle Initial)				-									
B. American Express				Transaction ID: 12168177 Date of Disbursement									
Mailing Address PO Box 53852			Amount of Each Disbursement this Peric										
	State Zip Code AZ 85072-3852			Amour	nt of Ea	ach [Disburse	ment th	s Per	riod			
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Candidate Name		Catego Type	-										
Office Sought: House Disburse Senate President	nent For: Primary General Other (specify) ▼			Credit	Card	Pro	cessin	g Fee					
State: District:													
Full Name (Last, First, Middle Initial) C. Press Works				Date o	f Disb	urser							
Mailing Address 351 W Bigelow Ave				12	VI /	^D 2	2 /	200	5 '				
Plain City	State Zip Code OH 43064			Amour	nt of Ea	ach [Disburse		s Per 2.01	riod			
Purpose of Disbursement Printing Expense		006	3					41	2.01				
Candidate Name	Candidate Name Category/ Type												
Office Sought: House Disburse Senate President State: District:	nent For: Primary General Other (specify)			Printin	ng Exp	oens	e						
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)			-	IĘ NUMBE	R:	P	AGE	212 /	226
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	y Information copied from such Reports and Statem or commercial purposes, other than using the name										6
	NAME OF COMMITTEE (In Full)										
\langle	National Association of Health Underwriters	SPAC (HUPAC)									
Δ	Full Name (Last, First, Middle Initial)							: 106293	846		
Λ.	Meeks For Congress					М	of Disburs		Y Y	Y	Y
	Mailing Address 219-10 South Conduit Av	enue				0 9		5	2 (0 [°] 5	
	,	State Zip Code NY 11413				Amou	nt of Each	Disburse	ement	this P	eriod
	Springfield Garden Purpose of Disbursement		_	_					10	000.0	0
	Contribution			0	11		<u> </u>		0		
	Candidate Name Rep. Gregory W. Meeks				gory/ pe						
	Office Sought: X House Disburser Senate X	ment For: 2006 Primary General				Contri	bution				
	President	Other (specify)									
	State: NY District: 6										
в.	Full Name (Last, First, Middle Initial) Meeks For Congress						action ID of Disburs	: 136916 ement	637		
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	Mailing Address 219-10 South Conduit Av					09		5	21	105	
		State Zip Code NY 11413				Amou	nt of Each	Disburse	ement	this P	eriod
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	Candidate Name Rep. Gregory W. Meeks				gory/ pe						
	Office Sought: X House Disburse					Void -	Meeks I	For Con	gress		
	Senate X President	Primary General Other (specify)							•		
	State: NY District: 6	· · · · ·									
C.	Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress						action ID	: 103452 ement	283		
	Mailing Address P.O. Box 9336					0 ^M 9	M / D	5	Ý Ž	0 ồ 5	Y
		State Zip Code				Amou	nt of Each	Disburse	ement	this P	eriod
	Fargo Purpose of Disbursement	ND 58106				_			10	000.0	0
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	Candidate Name Rep. Earl Pomeroy				gory/ pe						
	3 X	ment For: 2006 Primary General Other (specify) ▼	<u> </u>			Contri	bution				
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NAME OF COMMITTEE (In Full) National Association of Health Underwrite	ers PAC (HUPAC)							
Full Name (Last, First, Middle Initial)			Transaction ID: 10345606					
A. Jerry Weller For Congress Inc.			Date of Disbursement					
Mailing Address P.O. Box 15283			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 9 \end{array} \\ \begin{array}{c} M \\ 0 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 5 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 5 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ 5 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \\ Y$					
City Washington	StateZip CodeDC20003		Amount of Each Disbursement this Period					
Purpose of Disbursement Contribution		011	1000.00					
Candidate Name Rep. Gerald C. Weller		011 Category/ Type						
	eement For: 2006 ⟨ Primary General Other (specify) ▼		Contribution					
Full Name (Last, First, Middle Initial)			Transaction ID: 10345147					
B. Roskam For Congress Committee			Date of Disbursement					
Mailing Address 141 Shelley Lane			$\begin{array}{c} \begin{array}{c} M \\ 0 \end{array} \\ 9 \end{array} \\ \begin{array}{c} M \\ 0 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 5 \end{array} \\ \begin{array}{c} D \\ 1 \end{array} \\ \begin{array}{c} D \\ 5 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ 5 \end{array} \\ \begin{array}{c} Y \\ 2 \end{array} \\ \begin{array}{c} Y \\ 0 \end{array} \\ \begin{array}{c} Y \\ 5 \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \end{array} \\ \begin{array}{c} Y \\ Y \end{array} \\ Y \\ Y$					
City Wheaton	StateZip CodeIL60187		Amount of Each Disbursement this Period					
Purpose of Disbursement Contribution		011	1000.00					
Candidate Name Mr. Peter Roskam		Category/ Type						
	eement For: 2006 ⟨ Primary General Other (specify) ▼		Contribution					
Full Name (Last, First, Middle Initial)			Transaction ID: 10345013					
C. JD Hayworth For Congress			Date of Disbursement					
Mailing Address 14300 N. Northsight Blv	rd. #105		$ \begin{array}{c} M \\ 0 \\ 9 \\ \end{array} \begin{array}{c} M \\ 0 \\ \end{array} \begin{array}{c} 0 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 5 \\ \end{array} \begin{array}{c} D \\ 1 \\ \end{array} \begin{array}{c} D \\ 5 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ 2 \\ 0 \\ 0 \\ \end{array} \begin{array}{c} Y \\ 0 \\ \end{array} \begin{array}{c} Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y \\ Y \\ \end{array} \begin{array}{c} Y \\ Y $					
City Scottsdale	State Zip Code AZ 85260		Amount of Each Disbursement this Period					
Purpose of Disbursement Contribution		011	1000.00					
Candidate Name Rep. J.D. Hayworth		Category/ Type						
	eement For: 2006 ⟨ Primary General Other (specify) ▼		Contribution					
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or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	me and address of any politica	ai comi	mittee to sol		from such	committee	
\rangle	National Association of Health Underwrite	ers PAC (HUPAC)						
Α.	Full Name (Last, First, Middle Initial) Enzi For US Senate				Transaction Date of Disbu	rsement	-	
	Mailing Address PO Box 2775				09	15	ŹOŎŧ	5 [×]
	City Cody	StateZip CodeWY82414			Amount of Ea	ch Disburse		
	Purpose of Disbursement Contribution			011			1000.	00
	Candidate Name Sen. Michael Enzi	0000		itegory/ Гуре				
	X Senate 2 President	sement For: 2006 X Primary General Other (specify) ▼			Contribution			
	State: WY District: 2 Full Name (Last, First, Middle Initial)						4.0	
В.	Friends Of Sessions Senate Committee I	nc			Transaction Date of Disbu			Y
	Mailing Address P O Box 4278				09	15	ŹOŎŧ	5
	City Montgomery	StateZip CodeAL36103			Amount of Ea	ch Disburse	ement this I	
	Purpose of Disbursement Contribution Candidate Name			011			1000.	00
	Sen. Jeff Sessions			itegory/ Гуре				
	X Senate President	sement For: 2006 X Primary General Other (specify) V			Contribution			
	State: AL District: 2 Full Name (Last, First, Middle Initial)							
C.	Tim Murphy For Congress				Transaction Date of Disbu	rsement		Y
	Mailing Address PO Box 24551				09	22	ŹOŎŧ	5
	City Pttsburgh	StateZip CodePA15234			Amount of Ea	ch Disburse	ement this I	
	Purpose of Disbursement Contribution			011			1000.	00
	Candidate Name Rep. Tim F. Murphy			itegory/ Γype				
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							2000	00
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	-	NUMBER:	PAGE 215/226
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	y Information copied from such Reports and Statem or commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full) National Association of Health Underwriters				
Α.	Full Name (Last, First, Middle Initial) Majority Initiative to Keep Electing Republic Mailing Address PO Box 35796	cans		Transaction ID: 113 Date of Disbursemen 0 9 / 2 2	
	Washington	State Zip Code DC 20035		Amount of Each Disl	bursement this Period
	Purpose of Disbursement Contribution Candidate Name		011 Category/ Type		1000.00
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		Contribution	
в.	Full Name (Last, First, Middle Initial) Norwood For Congress			Transaction ID: 113 Date of Disbursemer	nt
	Mailing Address PO Box 499			10 ^{//} 07	2005 [°]
	,	State Zip Code GA 30809		Amount of Each Disl	bursement this Period 1000.00
	Contribution Candidate Name Rep. Charles W. Norwood		011 Category/ Type		
	3 <u>X</u>	ment For: 2006 Primary General Other (specify) ▼		Contribution	
C.	Full Name (Last, First, Middle Initial) Volunteer PAC (VOLPAC)			Transaction ID: 113 Date of Disbursemer	nt
	Mailing Address PO Box 158552			10 ^M /07	Ý ŽOŎ5Ÿ
		State Zip Code TN 37215		Amount of Each Disl	bursement this Period
	Purpose of Disbursement Contribution		011		1000.00
	Candidate Name		Category/ Type		
	Office Sought: House Disbursed Senate President State: District:	ment For: Primary General Other (specify) V		Contribution	
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\mathbb{N}	NAME OF COMMITTEE (In Full)												
V	National Association of Health Underwriters	S PAC (HI	JPAC)										
<u> </u>	Full Name (Last, First, Middle Initial)						Tran	sacti	on ID:	113092	226		
А.	Musgrave For Congress							-	sburse				
	Mailing Address 118 W Charlotte St						^м 1 ⁰	M	^D 1	^D /	Ý Ž	0 ð 5	Y
		State	Zip Code				Amo	unt of	f Each	Disburse	ement	this F	eriod
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	Rep. Marilyn N. Musgrave				Ту	ре							
	Office Sought: X House Disburser	ment For: Primary	2006 General				Cont	ribut	ion				
	President	Other (spe	cify) 🔻										
	State: CO District: 4												
В.	Full Name (Last, First, Middle Initial) Enzi For US Senate								on ID: sburse	113084	22		
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	Mailing Address PO Box 2775						10		2	5 ′	2	0 ð 5	
		State WY	Zip Code 82414				Amo	unt of	fEach	Disburse	ement	this F	eriod
	Purpose of Disbursement	•• •	02414	_							1	000.0	00
	Contribution				0	1							
	Candidate Name Sen. Michael Enzi				ate Ty	gory/ pe							
	Office Sought: House Disburser		2008				Cont	ribut	ion				
	<u>x</u>	Primary Other (spe	cify)										
		S Primary											
C.	Full Name (Last, First, Middle Initial)									113092	261		
0.	Bill Thomas Campaign Committee						Date	of Di	sburse	ment	vv	v	V
	Mailing Address PO Box 395						1 1		0	Ĭ	2	0 ð 5	
		State CA	Zip Code 93302				Amo	unt of	f Each	Disburse	-		
	Purpose of Disbursement Contribution				0-	1					2	000.0	00
	Candidate Name Rep. William M. Thomas				ate Ty	gory/ pe							
	Office Sought: X House Disburser Senate X President	ment For: Primary Other (spe	2006 General ccify) ▼				Cont	ribut	ion				
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SCHEDULE B (FEC Form 3X)			
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NAME OF COMMITTEE (In Full) National Association of Health Underwriters			
Full Name (Last, First, Middle Initial) A. Committee To Re-Elect Bobby Jindal			Transaction ID: 11309252 Date of Disbursement
Mailing Address PO Box 8628			$111 \qquad 1 \qquad 01 \qquad 1 \qquad 2 \qquad 0 \qquad 05 \qquad 1 \qquad $
Metairie	State Zip Code LA 70011		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	[011 Category/	1500.00
		Туре	Contribution
Full Name (Last, First, Middle Initial) B. Nelson for U.S. Senate			Transaction ID: 11309259 Date of Disbursement
Mailing Address P O Box 8666			$\begin{bmatrix} M & M \\ 1 & 1 \end{bmatrix} \begin{pmatrix} D & D \\ 0 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{pmatrix} Y & Y \\ 2 & 0 & 0 \end{bmatrix}$
	State Zip Code NE 68103		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution Candidate Name	[011 Category/	1000.00
Sen. E. Benjamin Nelson		Туре	
5	ment For: 2006 Primary General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial) C. Santorum 2006			Transaction ID: 11314672 Date of Disbursement
Mailing Address One Tower Bridge Suite	440		$\begin{bmatrix} M & M \\ 1 & 1 \end{bmatrix} \begin{pmatrix} I & D & D \\ 0 & 1 \end{bmatrix} \begin{pmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} \begin{pmatrix} Y \\ Y \end{pmatrix}$
	State Zip Code PA 19428		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Sen. Rick Santorum		Category/ Type	
X Senate X President	ment For: 2006 Primary General Other (specify) ▼		Contribution
State: PA District: 2			
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Office	se of Disbursement bution date Name lichael McGavick		011 Category/ Type	1000.00
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Full Na	ame (Last, First, Middle Initial) e For Maryland Inc			Transaction ID: 11309260 Date of Disbursement
Mailing	g Address 150 South Street Su			
City Anna	polis	State Zip Co MD 2140		Amount of Each Disbursement this Period
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	Candidate Name Mr. Michael Steele			
Office State:	Sought: House Dis		006 General	Contribution
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s	;)		-			AGE 219	/ 226
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\rangle	NAME OF COMMITTEE (In Full) National Association of Health Underwrite	rs PAC (HUPAC)							
A.	Full Name (Last, First, Middle Initial) Friends Of Clay Shaw					Transaction I Date of Disbu		263	
	Mailing Address P. O. Box 2188 2600 Ne 14th. Street Ca	useway					04	Ý ŽOŎ	5 [×]
	City Ft. Lauderdale	State Zip Code FL 33303				Amount of Ea	ch Disburse	ement this	Period
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B.	Full Name (Last, First, Middle Initial) Wally Herger For Congress Committee					Transaction I Date of Disbu		262	
	Mailing Address P.O. Box 1500								
	City Chico	StateZip CodeCA95927				Amount of Ea	ch Disburse		
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C.	Full Name (Last, First, Middle Initial) Steele For Maryland Inc					Transaction I Date of Disbu		264	
	Mailing Address 150 South Street Suite 100					16	ŶŽ0Ŏ	5 [×]	
	City Annapolis	StateZip CodeMD21401				Amount of Ea	ch Disburse		
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	Candidate Name Mr. Michael Steele Category/ Type					_			
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full) National Association of Health Underwriter			
Α.	Full Name (Last, First, Middle Initial) Re-Elect Harold Ford Jr			Transaction ID: 11309273 Date of Disbursement
	Mailing Address 5120 Barry Road Suite 1300		$111^{M} / 28 / 2005^{Y}$	
	Memphis	StateZip CodeTN38117		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Rep. Harold E. Ford, Jr.		011 Category/	
	Office Sought: X House Disburse Senate President X	ment For: 2008 Primary General Other (specify) ▼ S Primary	Туре	Contribution
в.	Full Name (Last, First, Middle Initial) Herseth For Congress			Transaction ID: 11309271 Date of Disbursement
	Mailing Address PO Box 2009			111 $128 $ 2005
	Sioux Falls	State Zip Code SD 57101		Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name Rep. Stephanie Herseth		011 Category/ Type	
		ment For: 2006 Primary General Other (specify)		Contribution
C.	Full Name (Last, First, Middle Initial) Ryan For Congress			Transaction ID: 11309275 Date of Disbursement
	Mailing Address P. O. Box 1919			$111^{M} / 28 / 2005^{Y}$
		State Zip Code WI 53547		Amount of Each Disbursement this Period
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	Candidate Name Rep. Paul Ryan		Category/ Type	-
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NAME OF COMMITTEE (In Full) National Association of Health Underwrite				
Full Name (Last, First, Middle Initial) A. Friends Of Kent Conrad Mailing Address PO Box 812			Transaction ID: 11309272Date of Disbursement M M $/$ 28 $/$ Y 2005 11 1 $/$ 28 $/$ Y 2005	
City Bismarck	State Zip Code ND 58502		Amount of Each Disbursement this Period	
Purpose of Disbursement Contribution Candidate Name Sen. Kent Conrad		011 Category/ Type	1000.00	
3	ement For: 2006 Primary General Other (specify)	1,900	Contribution	
Full Name (Last, First, Middle Initial) B. Friends Of Joe Lieberman			Transaction ID: 11309266 Date of Disbursement 11 1 28 2005	
Mailing Address PO Box 231294 State House Square	State House Square			
City Hartford	State Zip Code CT 06103		Amount of Each Disbursement this Period	
Purpose of Disbursement Contribution Candidate Name Sen. Joseph I. Lieberman		011 Category/ Type	1000.00	
	ement For: 2006 Primary General Other (specify) ▼		Contribution	
Full Name (Last, First, Middle Initial) C. Friends Of Joe Lieberman			Transaction ID: 11410055 Date of Disbursement	
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^	Full Name (Last, First, Middle Initial)								: 121574	141			
А.	Friends Of Joe Lieberman							isburs				14	
	Mailing Address PO Box 231294 State House Square					1 1	М	2	2 8 [/]	ž	0 ð 5	Ŷ	
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В.	Full Name (Last, First, Middle Initial) Carper For Senate					Date	of D	isburse					
	Mailing Address 19 East Commons Blvd S	Second Floor				1 1	М	[′] 2	2 8 ⁷	Ý Ž	0 ð 5	Y	
		State Zip Code DE 19720				Amo	ount c	of Each	Disburse			v	-
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	Candidate Name Sen. Thomas R. Carper				egory/ /pe								
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C.	Full Name (Last, First, Middle Initial) Friends Of Max Baucus							ion ID:	: 113092 ement	274			
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER:	PAGE 223 / 226
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	NAME OF COMMITTEE (In Full) National Association of Health Underwrite				
^	Full Name (Last, First, Middle Initial)			Transaction ID: 12	157437
Α.	Rely On Your Beliefs Fund			Date of Disburseme	
	Mailing Address 209 Pennsylvania Avenu		1 ^M 2 ^M / ^D 0 ^D 2	Ý Ž 0 Ö 5 Ÿ	
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В.	Full Name (Last, First, Middle Initial) Congressional Majority Committee			Transaction ID: 12 Date of Disburseme	ent
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	City Bakersfield	StateZip CodeCA93302		Amount of Each Dis	bursement this Period
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C.	Full Name (Last, First, Middle Initial) Friends Of Conrad Burns - 2006			Transaction ID: 11 Date of Disburseme	ent
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	City Helena	StateZip CodeMT59624		Amount of Each Dis	bursement this Period
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Full Name (Last, First, Middle Initial)			Transaction ID:	10157440	
B. Price For Congress			Date of Disburse	ement	
Mailing Address PO Box 425					
City Roswell	State Zip Code GA 30077		Amount of Each	Disbursement this Period	
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Rep. Thomas E. Price, M.D.		Category/ Type			
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National Association of Health Underwriters	PAC (HUPAC)				
Full Name (Last, First, Middle Initial)			Transaction ID: 12730264		
A. Missourians for Matt Blunt			Date of Disbursement		
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Candidate Name Matt Blunt		Category/ Type			
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B. Perdue for a New Georgia		Date of Disbursement			
Mailing Address PO Box 12369	Mailing Address PO Box 12369				
	State Zip Code GA 30355-2369		Amount of Each Disbursement this Period		
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Sonny Perdue, GOVERNOR GA Candidate Name	011 Category/				
Sonny Perdue		Type			
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Form/Schedule: **F3XA** Transaction ID: Please note that the \$6,000 payment to the National Assocication of Health Underwriters reported on Schdule B of this report was for travel associated with a PAC conference. These funds were not used for the purpose of influencing any federal election.